UNITED
NATIONS

DP

**Executive Board
of the
United Nations
Development Programme
and of the
United Nations
Population Fund**

Distr.
GENERAL

DP/FPA/CP/135
7 April 1994

ORIGINAL: ENGLISH

First annual session 1994
6-17 June 1994, Geneva
Item 7 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Republic of Chad
Support for an interim population programme

Proposed UNFPA assistance:	$3.5 million, of which $2.3 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Two years
Estimated starting date:	January 1994
Executing agencies:	Government of the Republic of Chad United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning and Cooperation

/...

Chad

Demographic facts

Population (000)	
Total	6,351
Males	3,141
Females	3,220
Sex ratio (/100 females)	97.6
Urban	2,350
Rural	4,001
Per cent urban	37.0
Population in year 2000 (000)	7,307
Functional age groups (%)	
Young child: 0-4	17.4
Child: 5-14	26.0
Youth: 15-24	18.8
Elderly: 60+	5.7
65+	3.6
Percentage of women aged 15-49	44.9
Median age (years)	18.3
Dependency ratios: total	88.7
(/100) Aged 0-14	81.9
Aged 65+	6.8
Agricultural population density (/hectare of arable land)	1.3
Population density (/sq. km.)	5.0

Average annual change (000)	
Population increase	161
Births	261
Deaths	107
Net migration	7
Annual population total (% growth)	2.72
Urban	5.87
Rural	1.07
Crude birth rate (/1000)	43.7
Crude death rate (/1000)	18.0
Net migration rate (/1000)	1.3
Total fertility rate (/woman)	5.89
Contraceptive prevalence rate (% 15-44)	..
Gross reproduction rate (/woman)	2.90
Net reproduction rate (/woman)	2.05
Infant mortality rate (/1000)	122
Maternal mortality rate (/100,000)	860
Life expectancy at birth (years)	
Males	45.9
Females	49.1
Both sexes	47.5
GNP per capita (U.S. dollars, 1991)	210

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1993. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1992 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects 1992 and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. EXECUTIVE PROGRAMME SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a bridging population programme in the amount of $3.5 million, of which $2.3 million would be programmed from UNFPA's regular resources, over a two-year period, starting January 1994, to assist the Government of Chad in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be UNFPA's second cycle of assistance in Chad.

2. The proposed bridging programme is based on: (a) the objectives and strategies of Chad's New Policy for Health Development; (b) the country's draft Population Policy Declaration; (c) the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited Chad in June 1993; (d) the experience gained from UNFPA's first programme of assistance; and (e) consultations and discussions with senior officials of concerned ministries, as well as with representatives of UNDP, UNICEF, the World Bank, WHO and concerned non-governmental organizations (NGOs). This bridging programme would enable UNFPA to synchronize its programming cycle with those of its partner organizations in the Joint Consultative Group on Policy (JCGP).

3. The programme's long-term objective is to help improve the socio-economic conditions of the Chadian population by gradually bringing the population growth rate in line with available resources. The two main immediate objectives of the programme are to help: (a) reduce the high levels of maternal and child morbidity and mortality, primarily by improving and extending family planning services; and (b) create national awareness, using culturally sensitive information, education and communication (IEC) activities, about the linkages between population, women's socio-economic status, environmental issues and the development process.

4. According to preliminary estimates of the 1993 census, the population of Chad is 6.3 million, an increase of 40 per cent since 1980. If the annual growth rate of 2.36 per cent is sustained, the population will double in 29 years. The total fertility rate of 5.9 is quite high but is somewhat lower than that in neighbouring countries, perhaps because of the widespread prevalence of infertility. Infant and maternal mortality rates are also very high, 122 per 1,000 and 860 per 100,000 live births, respectively, and life expectancy at birth is only 47.5 years. Chad is also one of the poorest countries in the world, with an average gross national product (GNP) of $210 in 1991. This has been exacerbated by two decades of political instability and domestic strife.

5. Family planning is in the early stages in Chad. It is estimated that the modern contraceptive prevalence rate (CPR) is only 1.2 per cent. However, the large and increasing number of abortions (which are illegal in the country) shows that there is a great unmet need for reliable contraception. The Government indicated its understanding of this problem when it adopted its New Policy for Health Development in 1988, which sets a target of increasing the CPR to 10 per cent by the year 2000 and which aims to integrate family planning (FP) services into the maternal and child health (MCH) programme nationwide.

6. UNFPA's assistance to Chad began in 1986; $3.5 million was spent during the first country programme, which covered the period 1989-1993. The main results were the development of MCH/FP services in the large cities in the three prefectures where the Fund concentrated its activities; the training of about 30 health personnel in family planning in the same three prefectures; the drafting of a Population Policy Declaration; and assistance with the country's first population census in 1993. These efforts were hampered by political turmoil and the ongoing state of war, by the lack of awareness of population issues by the country's leaders, and by the meagerness of other external assistance for population activities.

7. In the past, UNFPA was by far the largest international funder of family planning activities in Chad. Other multilateral and bilateral agencies have provided assistance to related areas, such as building or

/...

repairing the health care infrastructure and conducting the census, but until now there has been almost no funding for specific family planning activities. Recently, however, the World Bank has proposed a "Population and Health" project that would provide $20 million over the period 1994-1998.

8. The PRSD mission estimated that Chad would require a total of $20.8 million in population assistance for the period 1994-2000. This is far beyond UNFPA's resources. The proposed bridging programme, therefore, has limited short-term aims. The most important of these, and the one to which most resources would be directed, is to continue MCH/FP and Safe Motherhood activities in the capitals of the three prefectures in which UNFPA has been operating, to expand these activities to smaller centres in these three prefectures, and to start activities in three new prefectures. Family life education activities that have been started on a pilot basis would be expanded modestly. A major objective would be to collect more data on current family planning practices and to arrive at an accurate estimate of the country's contraceptive requirements, which is not currently available. The Fund would continue to supply contraceptives in certain parts of the country. UNFPA proposes to spend a total of $3.5 million in 1994-1995, of which $2.3 million would come from the Fund's regular resources, to carry out these objectives.

9. Given the small size of UNFPA's proposed programme, it will be necessary to cooperate with the World Bank in the execution of its much larger programme. The Bank proposes to provide assistance to construct health facilities, increase the capacity of the Population Unit of the Directorate of Planning, carry out a demographic and health survey, and help implement the draft Population Policy Declaration. UNFPA would complement these activities by its work in Chari-Baguirmi, Ouaddaï, Logone Occidental, Batha, Guéra, and Tandjilé prefectures, all of which are located in the south of the country.

10. A mechanism would be set up to review the results of the proposed programme in 1995 and to update the 1993 PRSD mission report in order to develop the 1996-2000 country programme. Progress reports, annual tripartite review meetings and independent evaluations of programme components would serve to monitor the programme during its operation. The programme would be administered by the UNFPA Country Director under the supervision of the UNFPA Representative.

11. Recommendation. The Executive Director recommends that the Executive Board approve the programme for Chad as presented below, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

II. BACKGROUND

12. According to the preliminary estimates of the 1993 census, the total population of Chad is about 6.3 million, including about 360,000 (5.7 per cent) nomads. This is a 40 per cent increase over the estimates of 4.5 million in 1980. About 80 per cent of the total population lives in the arable areas of the southern and south-eastern regions, which make up only 6 per cent of the national territory and have an estimated population density of 42 inhabitants per square kilometre compared to 0.2 in the north. The urban population accounts for about 21.1 per cent of the total and as such is one of the highest in the Sahel region of northwestern Africa. Rural-to-urban migration is being intensified by drought, war and political instability and deteriorating economic conditions. If the natural growth rate of 2.4 per cent a year is sustained, Chad's population would reach 7.3 million by the year 2000, would double in 29 years and would reach 12.6 million by the year 2022. Although very high by world standards, the total fertility rate (TFR) of 5.9 children per woman is among the lowest in the Sahel region, which has an average of 6.6. The country's lower fertility status may be explained by the seemingly high prevalence of infertility in Chad.

13. The estimated health indicators point to a very poor health status, with a crude death rate of 19 per 1,000 and an average life expectancy at birth of 47.6 years (49.1 years for women and 45.9 years for men). Infant and child mortality rates are on average 122 and 180 per 1,000, respectively, but reach as high as 180 and 230 per 1,000 in some areas. The maternal mortality nationwide rate is estimated at 860 per 100,000 live

births. This high rate is attributed to: (a) pregnancies that are too early or too late in the woman's reproductive cycle or are too closely spaced; (b) the large and increasing number of clandestine abortions, particularly among those aged 15 to 20 years; (c) the very low percentage of assisted deliveries (estimated at only 16.3 per cent in 1991). The prevalence of HIV infection among the general population is not known, but is estimated at 6.5 per cent among pregnant women. About 50 per cent of the country's 180 medical doctors are located in the capital city of Ndjamena, and less than 13 per cent are in rural areas. Out of the 46 health districts, only 24 are fully operational. The percentage of the national budget allocated to the health sector has decreased from 7 per cent in 1978 to 3 per cent in 1992.

14. Although the CPR for modern contraceptives is estimated at less than 2 per cent, the potentially high demand for family planning services is indicated by the increasing number of clandestine abortions. This was confirmed by the results of a knowledge, attitude and practices (KAP) survey conducted at the end of the 1980s, which found that 58 per cent of the women interviewed cited abortion as a family planning method, and 54 per cent expressed their desire to use modern family planning methods for child-spacing. The most widely used modern contraceptive methods are the pill, followed by injectables, condoms and spermicides. However, less than 20 per cent of the 349 local health centres offer family planning services.

15. In 1988, the Government elaborated its New Policy for Health Development, which operates at three levels (at the central, prefecture and sub-prefecture levels). The Policy gives priority to: (a) the promotion of education and preventive activities as well as the strengthening of basic curative services; (b) the establishment and operationalization of a health system based on health districts; and (c) the decentralization of decision-making. The Policy's main objectives for the year 2000 are to reduce the child mortality rate from 180 to 120 per 1,000; to reduce the maternal mortality rate from 860 to 400 per 100,000 live births; and to increase the modern contraceptive prevalence rate from 1.2 per cent to 10 per cent. To achieve these objectives, the main strategies include efforts to sensitize the population through intensive IEC efforts in order to involve them in the improvement of their own health status; increase the detection and care of high-risk pregnancies; and implement the decisions of the 1988 national conference on family well-being, which defined the concept of family planning as promoting maternal/child health through child-spacing, reducing sexually transmitted diseases (STDs) and infertility, and promoting health education. The Plan proposed that family planning services be integrated into the national MCH programme.

16. The socio-economic status of women in Chad is rather low. They are on average less educated than men and are nearly twice as likely to be illiterate (90 per cent compared to 47 per cent for men). The proportion of girls in school decreases from 35 per cent of the enrolment in grade 1 to 17 per cent in grade 6, 16 per cent in secondary schools and 2 per cent at the university level. The average age of marriage for women is very young, and they are under-represented in the formal sector of the economy. Nevertheless, the Government has shown its commitment to improve the status and living conditions of women by establishing in 1991 a National Committee for the Integration of Women in Development and recently creating a Division for Law, Legal Affairs and Women's Rights in the Directorate for Women's Improvement. Recently, two NGOs have been created to protect women's rights and to promote their participation in the development process. With UNDP support, a common strategy for women's promotion is being developed based on strategies already proposed by UNICEF, UNFPA and other agencies. The aim is to elaborate a multisectoral plan of action that will serve as a common framework for interventions in this area. This strategy is likely to be formally adopted by the Government in 1994.

17. The Government is increasingly aware of the interaction between population, women's socio-economic status, environmental issues and development, but such awareness has yet to be promoted among the general public. In order to deal with the country's specific population problems within a global framework, the Government has formulated a draft Population Policy Declaration that is being discussed through national and regional seminars. Among its objectives the Declaration aims to promote national awareness of the linkages between population and development and to enhance women's participation in the development process.

18. Chad is one of the poorest countries in the world, with an estimated per capita gross nation product (GNP) of $210 in 1991. The country's most intractable development problems include recurring political instability and domestic strife. In 1987, the Government put in place an economic adjustment programme that was expanded into a comprehensive adjustment effort supported by the International Development Agency (IDA) and the International Monetary Fund (IMF). The country is still facing considerable financial difficulties, and the salaries of public servants are paid irregularly under the continued implementation of the adjustment programme.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

19. UNFPA's first cycle of assistance to Chad (1986-1988) provided support to develop MCH/FP services. UNFPA's first comprehensive programme of assistance was approved by the Governing Council in 1989 for five years (1989-1993) in the amount of $4.5 million, including $3.5 million from UNFPA regular resources. The specific objectives of this programme included: (a) creating awareness of family life and population-related issues through IEC activities; (b) improving the country's population database as a means of increasing the knowledge and understanding of the impact of demographic factors on development; (c) promoting and protecting family health through improved delivery of maternal and child health and birth-spacing services; and (d) improving the status of women. By the end of 1993, $3.5 million had been expended from UNFPA regular resources.

20. UNFPA's assistance helped to: (a) raise the awareness of population issues among government officials; (b) create a consensus among government officials, key religious leaders and national experts on the usefulness of family planning in promoting family well-being; (d) elaborate a draft Population Policy Declaration; (d) conduct the first population census in Chad; and (e) strengthen the national capacity to deal with population issues.

21. The implementation of the programme encountered a number of constraints including: (a) the long and bureaucratic procedures of various executing agencies; (b) a general lack of awareness among certain decision makers, opinion leaders and the public of the relationship between population and development; (c) disruptions caused by frequent political turmoil and unrest and the ongoing state of war; (d) the shortage of trained nationals in the population field and the high turnover of those trained under the UNFPA-assisted programme; and (e) the lack of needed multi-bilateral resources because of the uncertain political situation.

Maternal and child health and family planning

22. UNFPA assistance in this area helped to promote awareness of the benefits of family planning among government officials, key religious leaders and national experts, as well as among an increasing proportion of the population in the larger cities. It also helped to develop MCH/FP services in these cities, provide administrative and technical assistance to the MCH/FP Division of the Ministry of Health, formulate a national MCH/FP strategy, and train key personnel in family planning and reproductive health, including five medical doctors, 22 heads of MCH/FP programmes and four socio-health agents. The Fund also supplied contraceptive commodities to Ndjamena and provided support to extend integrated services to Moundou and Abéché, the capitals of Logone Occidental and Ouaddaï prefectures, respectively, and to rehabilitate the national reference centre and three health centres in Ndjamena and Abéché. It is estimated that by the end of 1993, UNFPA assistance to MCH/FP activities amounted to $1.12 million.

23. Despite these achievements, MCH/FP services are still not accessible to most of the rural population. The difficulties in improving and extending such services outside the capital cities include: (a) the lack of interest of Chadian medical doctors in family planning; and (b) the weakness of the IEC component of the MCH/FP programme which could have fostered a wider acceptance of family planning.

/...

Information, education and communication

24. UNFPA assistance in this area focused on introducing basic concepts of family life education (FLE) into the formal and non-formal sectors. The pilot programme to introduce FLE into the non-formal sector did not start until 1991, however, because of administrative difficulties. This was compounded by a delay in the publication of the preliminary results of a demographic and socio-cultural survey, which were to be used to develop FLE modules to be integrated into the curricula of 29 women's centres for agricultural training. This, in turn, delayed the implementation of a pilot activity to introduce FLE components into the curricula of 15 primary and secondary schools in Ndjamena, which was to be extended progressively to other parts of the country over a three-year period.

25. An independent evaluation of these pilot activities underlined the need, inter alia, to draw upon the socio-cultural survey to help clarify the concepts and definitions used in the teacher training manuals. Nonetheless, the pilot activities did succeed in training three Chadian nationals in materials development, in helping to develop draft guidelines for the training of trainers, and in developing teaching materials for primary schools.

Data collection and analysis

26. The organization, conduct and official publication of the preliminary results of the first census in Chad represent a major UNFPA contribution to population and development activities in Chad. The census operations were reinforced by the technical assistance provided through the UNFPA Country Support Team based in Dakar, Senegal, and by the local UNFPA field office. They also provided the opportunity for on-the-job training in census taking, including census cartography and data processing. The next steps of the programme will be to continue to process census data and to analyse, publish and disseminate the results.

Population policy formulation

27. The main objective of UNFPA assistance in this sector was to promote awareness of the linkages between population and development and to disseminate the findings of various research and surveys as well as the results of the population census. UNFPA provided assistance to organize seminars at the national and regional levels for journalists, NGOs, donors and parliamentarians to review and discuss the draft of the Population Policy Declaration (PPD), which was officially adopted in January 1994.

Women, population and development

28. UNFPA was not able to support planned activities to strengthen women's organizations as envisaged in the first country programme. This was due to the political problems that led to the overthrow of the Government in December 1990 and the abolition of associated political organizations, including women's organizations.

Other external assistance

29. UNDP, UNICEF, WHO, the World Bank and the United Nations Sudano-Sahelian Office (UNSO) have been among the other multilateral organizations active in population-related activities in Chad. In addition to co-funding the recent population census, UNDP has provided assistance to develop women's craft industries and as well as to support immunization programmes, AIDS prevention and awareness activities, primary health care services and training in the National School of Public Health and Social Security. UNICEF is providing support through its $25 million programme of assistance for 1990-1994 for activities in the areas of primary health care, immunization, nutrition and sanitation.

/...

30. WHO has been providing general assistance to the Government's health programme, in particular to such areas as MCH/FP, primary health care, AIDS prevention, immunization and sanitation. The World Bank co-funded the census and is providing support for Chad's Action Programme for Social Development, including efforts to elaborate the Population Policy Declaration and to construct health units. Its Social Dimensions of Adjustment programme includes a household survey in Ndjamena, and its new population and health project of $20 million for 1994-1998, which is being considered by the Government, includes support to help implement the Population Policy Declaration. UNSO's 1992-1996 programme of $2 million has a relocation component designed to help reduce population pressures in areas with high population density.

31. Assistance for population-related activities has also been extended through bilateral channels. For example, the sixth programme (1988-1992) of the European Development Fund contributed $14 million to rehabilitate health facilities in nine prefectures. The seventh programme (1993-1997), also in the amount of $14 million, will be used to help strengthen the health districts in the same prefectures. USAID has helped to equip the Population Unit of the Directorate of Planning and provided assistance to train its staff. It has also supplied contraceptives in support of an MCH/FP programme in Moyen-Chari prefecture and contributed to the processing of census data. France has been providing medical doctors and medical equipment, and has been supporting the National Research Centre. Switzerland co-funded the census (in the amount of $3 million) and is providing assistance to help develop health services and is supporting a campaign to increase awareness in primary schools of the problems of desertification.

32. International NGOs are also active in the population and health field. Medicins Sans Frontières has been contributing to the development of health districts through training of personnel and provision of materials and drugs. CARE International has been providing MCH services, promoting awareness of environmental issues through educational programmes, assisting community development activities, and promoting the attendance of girls in schools.

IV. PROPOSED PROGRAMME 1994-1995

33. The June 1993 PRSD mission estimated the overall population assistance needs of Chad at about $20.8 million for the period 1994-2000. The mission recognized that these needs are beyond the means and resources of UNFPA. At the same time, given the situation in Chad, the PRSD mission recommended that UNFPA should continue to play the lead coordinating role in the population field and should contribute to the support of all components of the national population programme. However, taking into account UNFPA's resource constraints, the estimation of what is currently achievable in Chad and the activities of other donors in the population field, only limited support on the part of UNFPA is proposed for the two-year period.

34. Therefore, the proposed programme has been designed, in its objectives and strategies, to provide support to three priority sectors, namely: (a) to consolidate and extend MCH/FP services; (b) to promote awareness of and support for MCH/FP services through IEC activities; and (c) to improve women's socio-economic status. The Fund would also provide limited assistance to other activities such as the collection and analysis of data, the assessment of contraceptive needs and the development of an action plan for the implementation of the Population Policy Declaration.

35. All projects under the proposed programme, as in all UNFPA-assisted programmes would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

/...

Maternal and child health and family planning

36. The proposed MCH/FP programme would aim at assisting the Government in its efforts to reach the targets set forth in the New Policy for Health Development. This would be achieved by (a) providing continued support to strengthen MCH/FP activities including Safe Motherhood in Ndjamena, Abéché and Moundou, the capitals of the three prefectures where UNFPA has concentrated its activities, and extending such activities to medium- and small-sized cities in the same prefectures; and (b) extending MCH/FP activities plus Safe Motherhood to the prefectures of Batha, Guéra and Tandjilé. The total population to benefit from UNFPA support in this area would therefore increase from approximately 1 million (15.7 per cent of Chad's population) to 3.3 million (52.6 per cent), and MCH/FP services would be available in a total of 15 hospitals and 103 local health centres.

37. UNFPA would also continue to provide technical assistance as well as contraceptives, including condoms for the prevention of STDs and AIDS, and other essential drugs and equipment for MCH/FP activities. It would also assist in strengthening the skills of physicians and health managers at the health district level in family planning and in programme monitoring and evaluation. The Fund would provide support to develop a management information system at the prefecture level in order to provide the necessary tools for the follow-up and management of MCH/FP activities and to train the staff of the National Family Planning Reference Centre and its sub-centres in the treatment of high-risk pregnancies and the conduct of follow-up research on the problems relating to contraceptive use. UNFPA would also provide in-service training in family planning and Safe Motherhood to MCH/FP providers, including midwives in the central health districts, nurses in the peripheral health districts and traditional birth attendants.

38. UNFPA would collaborate closely with the World Bank in providing support to construct health facilities; with UNICEF in implementing the expanded programme of immunization (EPI); and with the European Development Fund in supporting the rehabilitation of health facilities in Chari-Baguirmi, Tandjilé, Ouaddaï, Guéra and Batha prefectures. UNFPA proposes to provide an amount of $1.7 million for MCH/FP activities, of which $500,000 would be sought from other sources, including multi-bilateral funding.

Information, education and communication

39. UNFPA assistance in the area of IEC would seek: (a) to promote national awareness of the linkages between population, women's socio-economic status, environment-related issues and the development process; (b) to provide information to specific target groups on the benefits of family planning through culturally sensitive IEC activities; (c) to collaborate with the World Bank, UNDP, WHO, UNICEF and various NGOs in establishing a coordinating mechanism for IEC activities; and (d) to consolidate and institutionalize population education in the formal school system.

40. Non-formal sector. UNFPA would work closely with the World Bank, UNDP and WHO in efforts to sensitize influential groups about important population and development issues and to enlist their support in formulating and implementing activities needed to address these issues. The Directorate of Planning, in which the Population Unit is located, would be responsible for organizing seminars and workshops on population problems and gender issues and for working with religious authorities through the Islamic and Diocesan Councils. UNFPA would also help make the IEC Unit of the Ministry of Health fully operational, drawing upon the technical support of its Country Support Team based in Addis Ababa and securing the services of an IEC specialist from the United Nations Volunteers. This would complement the World Bank's assistance to the IEC Unit.

41. The Fund would also intensify efforts to sensitize health-care professionals and the public alike to the benefits of family planning. This would involve: (a) organizing seminars for the managers of health-care services in 14 prefectures including 8 of the prefectures not covered by the Fund's MCH/FP programme; (b) developing education and counselling programmes specifically designed for and aimed at adolescents and those

living in rural communities; (c) using youth associations and radio programmes in the six prefectures targeted by UNFPA's MCH/FP programme to address sensitive issues relating to abortion, family planning and infant, child and maternal mortality. UNFPA would also provide the Youth Centre of the Chadian Association for Family Welfare currently being constructed in Ndjamena with audio-visual equipment and IEC materials to help the Centre sensitize youth on problems relating to adolescent sexuality.

42. Formal sector. UNFPA would continue to support government efforts to consolidate and institutionalize family life eduction in its school programme. To help achieve this, the Fund would procure the services of an FLE specialist from UNV, provide technical assistance through its CST in Addis Ababa, and make use of nationals trained under the previous programme to prepare training and teaching materials based on the results of the socio-cultural survey conducted during the last programme cycle. UNFPA would continue to support the pilot activities begun in the last cycle to introduce FLE in 15 selected primary and secondary schools and to include basic FLE concepts, as well as related environmental issues, in the school curricula. In so doing, the Fund would take advantage of the World Bank's ongoing support for reform of primary education and of the environmental education programmes of the European Development Fund and UNSO. UNFPA would also support activities to sensitize parents and community and religious leaders to basic FLE concepts as a means of facilitating programme implementation, which would be the responsibility of a government body to be designated by the Ministry of National Education.

43. UNFPA would also assist efforts to include, on a pilot basis, FLE concepts in the training programme of selected agricultural training centres by providing FLE materials as well as technical support from the UNFPA Country Support Team. The women leaders trained will become an invaluable resource for disseminating information on family planning, responsible parenthood and gender issues.

44. UNFPA proposes to provide a total amount of $700,000 for IEC activities, of which $200,000, in assistance or in-kind, would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

45. UNFPA assistance in this area is designed to: (a) improve knowledge about the levels, structures, trends, determining factors and consequences of demographic phenomena as well as about current family planning attitudes and practices; and (b) provide basic information to help with the management of the proposed programme.

46. To achieve this, UNFPA would provide assistance to organize training workshops to help nationals from interested ministries to analyse census data, with experts from UNFPA's Country Support Team and other United Nations institutions providing technical support. The Fund would also organize, with other donors yet to be identified, a demographic and health survey, including a component on the knowledge, attitude and practice (KAP) of family planning methods as well as of the issues of abortion and infertility. The results of the survey will be essential, inter alia, for estimating the contraceptive requirements of the country in support of the MCH/FP programme. At present, there are no estimates of what these contraceptive requirements are.

47. UNFPA proposes to allocate $200,000 from its regular resources for activities in this sector and proposes to seek an additional $300,000 from other sources, including multi-bilateral sources.

Population policy implementation

48. UNFPA would contribute to the implementation of the Population Policy Declaration, which will be funded mainly by the World Bank under its population and health project. The World Bank will also support activities of the National Population Council and the Population Unit in this endeavour as well as the required multisectoral policy analysis, the resulting programme planning and implementation, and the comprehensive

multimedia IEC support programme. In view of this World Bank support, UNFPA would limit its assistance to two activities: (a) providing technical backstopping through the UNFPA Country Support Team to help elaborate the Plan of Action for the implementation of the Population Policy Declaration, and to establish and put into operation the National Population Council; and (b) supporting the training of nationals in population and development through workshops and short-term training programmes. UNFPA proposes to allocate $150,000 to this sector.

Women, population and development

49. Pending the adoption of the Women in Development (WID) Plan of Action, UNFPA's specific strategy in this area would be to collaborate with UNDP, UNICEF and possibly the World Bank in incorporating women's concerns in all proposed programme activities and in supporting the elaboration, adoption and implementation of a national family code that would recognize and protect women's rights, including their reproductive rights, and that would serve as the legal framework for the promotion of women. These activities would include, among others, a socio-cultural survey that would focus on the evolution of customary practices relating to the family (marriage, custody of children, inheritance, etc.). UNFPA would assist in strengthening the institutional capabilities of the Directorate for Women's Promotion and of women's economic associations in the six prefectures covered by the proposed MCH/FP programme through training workshops that would focus on analysing the situation of women in Chad and managing micro-enterprises. UNFPA proposes to provide $400,000 to activities in this area, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

50. An amount of $50,000 would be held in reserve for any unforeseen proposals that may be developed within the framework of the proposed programme.

Financial statement

51. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $3.5 million over the two-year period 1994-1995, of which $2.3 million would be programmed from UNFPA's regular resources. The following table shows how the programme would accommodate these two levels of funding.

/...

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,200,000	500,000	1,700,000
Information, education and communication	500,000	200,000	700,000
Data collection and analysis	200,000	300,000	500,000
Population policy formulation	150,000	-	150,000
Women, population and development	200,000	200,000	400,000
Programme reserve	50,000	-	50,000
TOTAL	2,300,000	1,200,000	3,500,000

IV. RECOMMENDATION

52. The Executive Director recommends that the Executive Board approve the programme for Chad as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/136
11 April 1994

ORIGINAL: ENGLISH

First annual session 1994
6-17 June 1994, Geneva
Item 7 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Zambia
Support for a comprehensive population programme

Proposed UNFPA assistance:	$6.4 million, of which $4.5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.9 million from a combination of UNFPA regular resources and other sources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution	To be determined
Duration:	Three years
Estimated starting date:	January 1994
Executing agencies:	Government of Zambia United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Commission for Development Planning

Zambia

Demographic facts

Population (000)	
Total	9,381
Males	4,642
Females	4,739
Sex ratio (/100 females)	98.0
Urban	4,043
Rural	5,338
Per cent urban	43.1
Population in year 2000 (000)	10,672
Functional age groups (%)	
Young child: 0-4	19.1
Child: 5-14	29.4
Youth: 15-24	20.0
Elderly: 60+	3.6
65+	2.3
Percentage of women aged 15-49	44.9
Median age (years)	15.7
Dependency ratios: total	103.0
(/100) Aged 0-14	98.4
Aged 65+	4.6
Agricultural population density (/hectare of arable land)	1.0
Population density (/sq. km.)	12

Average annual change (000)	
Population increase	249
Births	407
Deaths	158
Net migration	0
Annual population total (% growth)	2.84
Urban	3.34
Rural	2.47
Crude birth rate (/1000)	46.4
Crude death rate (/1000)	18.0
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.33
Contraceptive prevalence rate (% 15-44)	..
Gross reproduction rate (/woman)	3.12
Net reproduction rate (/woman)	2.22
Infant mortality rate (/1000)	84
Maternal mortality rate (/100,000)	151
Life expectancy at birth (years)	
Males	43.5
Females	44.8
Both sexes	44.1
GNP per capita (U.S. dollars, 1991)	..

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1993. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1992 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects 1992 and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. EXECUTIVE PROGRAMME SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $6.4 million, of which $4.5 million would be programmed from UNFPA's regular resources, over a three-year period, starting January 1994, to assist the Government of Zambia in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.9 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be UNFPA's third comprehensive population programme for Zambia.

2. The proposed programme is based on: (a) the Government's National Population Policy adopted in May 1989; (b) the findings and recommendations of a UNFPA Programme Review and Strategy Development (PRSD) mission that visited Zambia in May and June 1993; (c) the Government's National Family Planning Programme; and (d) current governmental reforms designed to decentralize decision-making. The proposed programme has been designed to last three years in order to synchronize the programming cycles of UNDP, UNICEF and UNFPA after 1996.

3. The proposed programme has two major goals: (a) to help the Government in lowering the national population growth rate to a level compatible with sustainable development; and (b) to contribute to improving the general well-being of the Zambian population, particularly in regards to maternal and child health and family planning (MCH/FP). The specific goal has been set of reducing the population growth rate from 3.2 per cent in 1992 to 3.0 per cent in the year 2000. Under the proposed programme, UNFPA would help towards reaching that goal by equipping 120 health centres with family planning facilities in addition to the ones the Fund is already supporting.

4. The population of Zambia has nearly trebled in the past 30 years, from 3.5 million persons in 1963 to an estimated 9.4 million in 1992, according to United Nations statistics. The 1992 Demographic and Health Survey showed a total fertility rate of 6.5, with indications that the level of fertility may have begun to decline. The survey also showed that knowledge of family planning methods is high. However, the level of use of these methods is low: only 15.2 per cent are "currently" using any method, while 8.9 per cent use a modern method. Mortality rates had been declining in the past, though there is concern that they may now be increasing. The maternal mortality rate is high, estimated at 200 per 100,000 live births. Given this situation, the Government has been very forthright in its support for population and family planning programmes.

5. Since the early 1980s, Zambia has suffered very sharp economic and social deterioration. In 1985 the World Bank reclassified the country from low-middle income to low-income status, and in 1991 the United Nations General Assembly added Zambia to the list of Least Developed Countries. There have been severe repercussions in the provision of social services, including health services. Malnutrition has become a common problem, especially among children. The incidence of AIDS is increasing.

6. UNFPA began its assistance to Zambia in 1972 with support for analysing the 1969 census. The first comprehensive programme began in 1984. The second programme was approved for the period 1988 to 1992, in the amount of $10 million, then extended via a bridging arrangement through 1993. A major achievement of the second programme was the training of over 300 nurses and 2,200 traditional birth attendants (TBAs) and community health workers in perinatal care and family planning service delivery. A large part of the resources were devoted to information, education and communication (IEC) activities in order to increase the demand for family planning services and to help combat the high rate of adolescent pregnancies. IEC

/...

activities were focused on the formal school system and the organized labour sector, which were perceived as efficient means of disseminating the family planning message.

7. The proposed programme has clearly focused aims for its family planning activities. The country's contraceptive prevalence rate is targeted to increase from 15.2 per cent in 1992 to 25 per cent by 2000, with a consequent decrease in the total fertility rate from 6.5 children per woman to 6.0. The aim is to make family planning services available, on a regular basis, in at least 50 per cent of the country's health centres by the end of the programme. This would require UNFPA to support an additional 120 service delivery facilities beyond those currently being supported by UNFPA and other agencies, particularly the United States Agency for International Development (USAID). UNFPA would also provide 20 per cent of Zambia's total annual contraceptive requirements.

8. Local IEC campaigns would be designed to mesh with the provision of family planning services in these 120 centres. In addition, the Ministry of Information and Broadcasting Services would implement a national information campaign through the Zambia Information Service. UNFPA would also support the completion of the analysis of the 1990 population census. In the area of women, population and development the Fund would provide support for research on the role and status of women within Zambian society as a basis for future efforts.

9. Zambia receives population assistance from a number of donor governments and international agencies. Several of these are active in areas also covered by UNFPA -- MCH/FP service delivery and the provision of contraceptives. In monetary terms, the largest of these programmes is that of USAID, but significant amounts are also provided by WHO, the World Bank, Norway, Sweden, the British Overseas Development Administration (ODA), the Netherlands, and the International Planned Parenthood Federation (IPPF). The Government recognizes UNFPA as the lead agency in population activities, serving as a focal point to see that the work of these donors is coordinated and that efforts are not duplicated. UNFPA is also working to increase the management capacities of the National Population Council so that it can assume this role.

10. All proposed programme activities would have built-in monitoring and evaluation components, and large and innovative projects would be subject to independent and in-depth evaluations at appropriate stages. In addition, all activities would be subject to standard progress reports, monitoring field visits, and tripartite review meetings. In-depth evaluations of the most significant areas, MCH/FP and IEC, would be undertaken before the end of 1995.

11. Recommendation. The Executive Director recommends that the Executive Board approve the proposed programme as presented below, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

II. BACKGROUND

12. The population of Zambia has nearly trebled in the past 30 years, from 3.5 million persons in 1963 to an estimated 9.4 million in 1992, according to the United Nations. The rate of growth is high and has been increasing, from 2.6 per cent a year in the 1963-1969 period to an estimated 3.2 percent a year in the 1990-1995 period. The 1992 Demographic and Health Survey showed a total fertility rate of 6.5, with indications that the level of fertility may have begun to decline. The survey also showed that knowledge of family planning methods is high, although the level of use of these methods is low: only 15.2 per cent are "currently" using any method, while 8.9 per cent use a modern method.

13. Mortality rates had been declining in the past, though there is concern that they may now be increasing. Results from the 1992 Demographic and Health Survey indicate that infant and child mortality may have increased in recent times; they were estimated at 107 per 1,000 live births and 191 per 1,000 live births, respectively, in the five-year period (i.e., 1987-1991) before the survey. The maternal mortality rate is high, estimated at 200 per 100,000 live births.

14. The population is very young: those under 15 years of age make up an estimated 48.5 per cent of the total in 1992. Child dependency ratios are, therefore, high and have increased over the past two decades -- from 90:100 in 1969 to an estimated 104:100 in 1990. The rate of growth of the urban population is high but has declined very substantially in the past three decades, from 8.9 per cent a year in the period 1963-1969 to 3.7 per cent a year in the period 1980-1990. Despite the declines in growth, 43 per cent of the total population lives in urban areas, making Zambia the most urbanized country in sub-Saharan Africa.

15. Since the early 1980s, Zambia has suffered very sharp economic and social deterioration. In 1985 the World Bank reclassified the country from low-middle income to low-income status. In 1991, the United Nations General Assembly included Zambia on the list of Least Developed Countries. The deterioration in the economic situation was accompanied by the severe drought that affected the whole of southern Africa in 1991-1992. These developments have led to serious repercussions in the provision of social services for those population groups living in poverty, particularly the chronically unemployed, the disabled, agricultural smallholders, women and children. A decline in the provision of health services has occurred alongside the increase in poverty. As a result, malnutrition is a common problem; for example, it is estimated that 40 per cent of all children under 5 years of age, and about half of children between the ages of 2 and 5 years, are stunted; and over 40 per cent of the deaths of children in health institutions are due to malnutrition and related causes. There has been an increase in the incidence of various diseases, including AIDS.

16. Although the Government has long recognized the unsatisfactory situation of the majority of Zambian women, their health status continues to pose serious constraints to their social and economic advancement. More than half of all deliveries still take place at home. The upswing in infant, child and maternal mortality and the prevalence of malnutrition and anaemia among women also depict a state of general poor health. Adolescent childbearing, both within and outside marriage, is high. According to the 1992 Demographic and Health Survey, by age 19, two-thirds of girls either have given birth to or are pregnant with their first child and, by age 45-49, 80 per cent of Zambian women have given birth to six or more children. The risk of HIV infection is an added threat, since condom use, estimated by the Survey at 2 per cent among the population at risk, is so low. Moreover, most adolescents know little or nothing about the basic facts of reproduction. Most of the pregnancies among this age group, especially in urban areas, are unwanted and unplanned. At the University Teaching Hospital, it is estimated that 23 per cent of improperly performed abortions are among girls 19 years old and under. Yet, there is a striking absence of any concerted efforts geared towards adolescent reproductive health either within the Government or among NGOs.

17. The Government adopted a National Population Policy in May 1989, after considerable consultation and debate. The policy outlined a broad range of strategies to further the development process by redressing the problems caused by rapid population growth, a high level of urbanization, poor maternal and child health, deleterious environmental trends and the socially disadvantaged position of women. Specific targets were elaborated in the policy for population growth rates, fertility levels, infant mortality rates and family planning methods. The National Population Policy explicitly called for the establishment of a National Population Council (NPC) as an apex policy-making body overseeing the implementation of the population policy, but this has yet to be effected. Under the new Government, population issues (and family planning as a

component of strategies addressing growth rates and maternal and child health) have figured prominently in official pronouncements and documents.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

18. UNFPA first provided assistance to Zambia in 1972 with support to the Central Statistical Office for the analysis of the 1969 Census and to the Ministry of Health for the promotion and institutionalization of health education.

19. The first UNFPA country programme, totalling $2.8 million for the period 1984-1987, was intended to help the Government: (a) establish the Family Health Unit in the Ministry of Health; (b) introduce IEC programmes in both the formal and non-formal education sectors; (c) conduct in-depth analyses of the 1980 population census data and disseminate the results; (d) develop national capacity to plan and coordinate population programmes and to lay the groundwork to integrate population factors into national development planning; and (e) introduce a demography training programme at the University of Zambia.

20. The aim of the $10 million second country programme (1988 to 1992) was to assist the country in building its capacity to design, implement and coordinate a national population policy and programme. The specific areas of support were to help the Government: (a) establish a solid framework for a national MCH/FP programme; (b) integrate population education into the school curricula; (c) provide family life IEC and family planning services in the organized sector; (d) further develop communication support to population activities; (e) undertake the 1990 census; (f) strengthen government capabilities for integrating population factors into national planning; (g) strengthen demographic training and research at the University of Zambia; and (h) promote responsible parenthood through family life IEC services for women and youth.

21. Cumulative expenditures under the second country programme amounted to $8.6 million up to the end of 1992. Following the new Government's request, the UNFPA Executive Director approved an allocation of $1.0 million for 1993, which served as a bridging year before the commencement of the proposed programme in 1994.

Maternal and child health and family planning

22. Under the second country programme, activities were designed to achieve an integrated approach to MCH/FP and IEC activities, with the Family Health Unit of the Ministry of Health as the implementing agency. Major objectives included, among others, enhancing awareness among adults of family planning methods and where they can be obtained; increasing the level of contraceptive prevalence; and incorporating family planning into the curricula of nursing and midwife schools and other primary health care training programmes. This resulted in the in-service training of 314 nurses between 1988 and 1992, bringing to 1,180 the number of nurses and clinical officers trained since 1981. UNFPA assistance also helped to train 55 registered nurses in family planning management, as well as 2,200 TBAs and community health workers in pre- and post-natal care and family planning.

23. Although given priority in the new Government's 1992 health reform policy, implementation of the MCH/FP programme is constrained by critical institutional and programmatic factors, including: (a) the location in the Ministry of Health of the central operational unit of MCH/FP and its relationship with the newly created district health boards; (b) critical structural weaknesses in the health delivery system as a whole, including the lack of management capacity and trained staff and the non-integration of family planning into

daily service delivery; (c) the severe weaknesses of the logistics and management information systems; and (d) absence of information regarding the critical factors affecting utilization of family planning services.

24. Theoretically, 80 per cent of the country's health institutions offer family planning services, but in reality only about 30 per cent do so on a regular basis because of the shortage of trained personnel and frequent shortages of contraceptive supplies. Almost 60 per cent of current contraceptive users obtain their supplies from government facilities; the other 40 per cent of clients get theirs from the private sector. The National Family Planning Programme has therefore adopted such community-based distribution methods as employer and social marketing to complement services offered by government clinics. But these are still in their infancy and are being carried out by NGOs. These initiatives call for increased and better-trained human resources.

Information, education and communication

25. In the area of population IEC, UNFPA assistance was directed towards: (a) supporting MCH/FP and population activities through the mass media; (b) integrating population education into the curricula of the formal education system; and (c) promoting population and family welfare activities within organized labour groups.

26. Activities implemented by the Ministry of Information set out to accomplish two goals: to create widespread awareness of the causes and consequences of population growth, and to ensure popular participation in population and family welfare-related activities. The Ministry's activities helped mobilize support for the formulation and subsequent adoption of the National Population Policy and to increase visibility for population issues and create a high awareness of family planning. These efforts were complemented by activities in the organized sector aimed at building the institutional capacity of participating enterprises to provide family planning and family welfare education and services as part of their ongoing activities.

27. Population education activities in schools were launched on a pilot basis and were designed to lay a solid foundation for the full-scale introduction of population education in the entire education system. Since 1988, experimental population education courses have been introduced into 18 primary schools, 12 secondary schools and 4 teacher training colleges in three of the country's nine provinces. In its effort to introduce a more relevant national curriculum, the Government has recently developed a new primary school curriculum that includes population and family life education, and covers such related topics as HIV/AIDS, gender, and the environment, to be implemented from January 1995.

28. Population IEC efforts have created awareness among the general public about the demographic problems confronting Zambia and have increased the numbers of people (especially women of child-bearing age) who know about family planning methods. The data from the 1992 Demographic and Health Survey show that 89.4 per cent of all women, and 93.7 per cent of currently married women, are aware of a contraceptive method. However, the survey also showed that only 15 per cent of married women were using some type of family planning method. Major difficulties have been the lack of trained staff and the persistence of management and logistics problems.

Data collection and analysis, demographic training and research

29. UNFPA assistance for the 1990 census included the provision of technical advisory services, training, equipment and enumeration expenses. The census enumeration was completed as scheduled in

August/September 1990, and the preliminary report was published in February 1991. However, the analysis and dissemination of the data are very much behind schedule due to the unexpected withdrawal of vital donor assistance, diversion of staff and equipment from census work to other pressing statistical activities, inadequacy of planning, and exodus of skilled staff from the country. Nevertheless, the 1990 population census has put in place a framework for other important statistical activities. Still, strenuous efforts are now required to complete the analysis of the data to ensure timely achievement of census objectives.

30. UNFPA's assistance for strengthening demographic training at the University of Zambia started in 1985 and was meant to ensure completion of training of the first intake of undergraduates and counterpart staff. Such assistance helped to: (a) produce 64 graduates with expertise in demography and related fields who are now staffing many of the sectoral ministries; (b) establish a demography training unit as part of the University's Department of Social Development Studies; and (c) carry out the Demographic and Health Survey in 1992. The university programme has, however, suffered from the loss of teaching staff and the lack of adequate library and equipment facilities, the combination of which made it impossible for the University to mount short-term courses and workshops for professionals as originally planned.

Population policy formulation

31. In 1984, the Government directed the National Commission for Development Planning (NCDP) to draft a comprehensive national population policy. A series of projects in support of the Commission's Population and Development Planning Unit played a key role in the adoption and popularization of the national population policy and the subsequent design and development of a national family planning programme and a national population IEC programme as a basis for implementing the policy. Population factors were integrated into the Fourth National Development Plan (1989-1993) following guidelines developed by project staff. However, the new Government has abandoned long-term planning exercises in favour of short-term sectoral strategies. During the new programme cycle, it will be necessary to ensure that population issues are included in the formulation of these new initiatives.

Other external assistance

32. UNDP, UNICEF, WHO and the World Bank have been among the other multilateral donors active in population-related activities in Zambia. UNDP provided support to conduct the 1990 census as well as to collect and analyse socio-economic data. It is also providing assistance in the areas of HIV/AIDS prevention, women-in-development, water and sanitation, and youth programmes. UNICEF provides support for a wide range of activities, including MCH, child immunization, nutrition, functional literacy and basic education, HIV/AIDS prevention, training of TBAs and community health workers, and women's programmes. WHO provides support to HIV/AIDS control and prevention activities and to efforts to strengthen the MCH programme in the Ministry of Health and the human reproduction research capability at the University of Zambia. The World Bank is also formulating a health sector project to be launched in 1995 that will include assistance to the family planning programme.

33. Assistance for population-related activities has also been extended through bilateral channels. For example, the Norwegian Government provided support for the 1990 census, MCH/FP programmes and the 1992 Demographic and Health Survey and contributes to national HIV/AIDS prevention and women's activities. Swedish International Development Authority (SIDA) assistance has been used to procure contraceptives, support HIV/AIDS prevention activities, supply essential drugs, and support women-in-development activities. SIDA is now preparing a new programme of assistance to the health sector, to begin July 1994, in which sexual and reproductive health within the MCH/FP programme will be a major area of

/...

support. USAID supplied micro computers for the processing of the 1990 census data, and until 1989 procured contraceptives for the MCH/FP programme. USAID is currently funding a five-year, $18 million social-marketing project to procure condoms for HIV/AIDS prevention and is preparing a five-year programme of assistance that will provide basic and in-service training for service providers; promote information, education and counselling activities; and provide family planning services through social marketing of contraceptives, community-based distribution and employer-based outlets and health centre clinics. ODA plans to provide $980,000 for contraceptive procurement, through UNFPA, for the period November 1993 to December 1994. For the period 1995-1999, ODA plans to provide funding to purchase contraceptives, through UNFPA, to meet approximately 70 per cent of government sector requirements and to strengthen the contraceptive logistics/MIS management. The Netherlands is supporting a primary health care programme in the Western and Northern Provinces, while Ireland is sponsoring 22 maternity centres in the city of Lusaka and will open new centres in the cities of Kitwe and Ndola in 1994. Neither of these programmes, however, have family planning components (e.g., post-partum counselling).

34. International Planned Parenthood Federation (IPPF) support is provided through the Planned Parenthood Association of Zambia for motivational activities in support of family planning, delivery of services and procurement of contraceptives and equipment.

IV. PROPOSED PROGRAMME 1994-1996

35. As recommended by the PRSD mission, the proposed programme would pursue the following strategies: (a) strengthen the integration of MCH/FP service delivery into the ongoing health sector reforms; (b) design and implement a multisectoral IEC programme for the formal and informal sectors; (c) ensure the timely availability and informed use of population data, programme service statistics and sociocultural information for planning, monitoring, designing and implementing appropriate interventions; (d) ensure that population factors are incorporated into the Government's policy and planning activities; (e) ensure that both internal and external resources and population activities are effectively coordinated; and (f) promote the empowerment of women and youth.

36. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

Maternal and child health and family planning

37. The primary objective of the UNFPA programme in the MCH/FP sector would be to contribute to an increase in the contraceptive prevalence rate from an estimated 15.2 per cent in 1992 to 25 per cent by the year 2000. A related objective would be to reduce the total fertility rate from 6.5 children per woman to 6.0 during the same period. Achieving this objective would involve a four-pronged approach: (a) enhancing people's access to family planning services; (b) ensuring a steady and adequate supply of contraceptives; (c) integrating family planning services into existing and new urban maternity centres; and (d) developing and implementing integrated reproductive health programmes for women. The UNFPA programme would also seek to help lower the present high levels of infant, child and maternal mortality; inhibit the spread of HIV/AIDS; and reduce the incidence of adolescent pregnancies.

38. In order to enhance access to family planning services, UNFPA proposes to provide support to strengthen the coordination, planning and management of the national family planning programme at the national level and to integrate quality family planning services into health-care services at delivery points at the district and community levels. The aim is to make family planning services available, on a regular basis, in at least 50 per cent of all the health institutions by the end of the programme. The UNFPA programme would provide assistance for management training and for resident advisory and technical backstopping services.

39. At the national level, UNFPA proposes to support an additional 120 service delivery facilities (equivalent to 10 per cent of the existing health facilities) by strengthening the planning and management of comprehensive family planning services provided as part of the routine services of these facilities and by providing necessary family planning equipment and supplies. The additional 120 health facilities would be selected from those districts that are beyond the present coverage of USAID assistance. UNFPA would organize workshops and seminars in the same districts to help sensitize local planners and managers to the benefits of family planning and to facilitate the setting of local targets needed to attain the national target of a 25 per cent contraceptive prevalence rate in the year 2000. UNFPA assistance would also be used to train and equip TBAs and community health workers in the target districts.

40. Under the proposed programme, UNFPA support for the procurement and distribution of contraceptives would be part of a larger, coordinated effort among the many donors active in Zambia. For its part, the Fund would provide assistance to procure 20 per cent of Zambia's total annual contraceptive requirements, the rest being procured through assistance provided by ODA, USAID and IPPF. To make the distribution of contraceptives more efficient, the Fund would support, in collaboration with UNICEF, ODA, USAID and SIDA, the development and management of effective contraceptive logistics and management information systems. To help diversify the contraceptive methods available, contraceptives procured through UNFPA would include Depo Provera, which was recently reintroduced in Zambia by the Ministry of Health. USAID would provide assistance to train health-care personnel in the use of long-term contraceptive methods and support efforts to remove legal constraints to contraceptive use.

41. UNFPA would also collaborate with UNICEF and SIDA in providing technical, operational and financial support to implement a reproductive health programme for women, to be integrated into MCH/FP activities. The primary objectives of this integrated approach would be to lower the high levels of infant, child and maternal mortality, reduce the incidence of adolescent pregnancies and reduce the rate of HIV/AIDS/STD infection. In this context, the Fund would extend support to selected NGOs to enable them to develop and implement programmes addressing these issues and to incorporate family planning information and services (e.g., post-partum counselling) into the maternity centres being supported by Ireland in the cities of Lusaka, Ndola and Kitwe.

42. UNFPA proposes to provide a total of $3.5 million for the MCH/FP sector, of which $1.5 million would be sought from other sources, including multi-bilateral sources. The Ministry of Health would be responsible for implementing and executing most of the local components of the MCH/FP programme while UNFPA would be the executing agency for the procurement, evaluation and research components.

Information, education and communication

43. UNFPA would provide support to develop and implement a multisectoral national IEC strategy with the primary objective of enhancing national capacities to formulate sustainable and systematic IEC interventions to increase demand for modern contraception and to bring about a change in current attitudes

about contraception. At the national level, UNFPA support would go towards strengthening IEC activities through institutional support and technical assistance to the Zambia Information Service of the Ministry of Information and Broadcasting Services, which is the focal department for population information.

44. Under the proposed programme, UNFPA would also support training of IEC personnel at national, provincial and district levels in IEC management, strategy design, and research. Short- and long-term training programmes would be organized through the Department of Mass Communication at the University of Zambia and the Institute of Mass Communication. UNFPA would support qualitative sociocultural research to help explain the gap between knowledge of contraceptives and their use and as a way of ascertaining the IEC needs of the population in the districts where the targeted 120 health centres are located. Workshops and seminars would also be organized to sensitize and educate district programme managers and planners (including district political leaders and other opinion leaders) on various family planning concerns (e.g., men's commitment to family planning, allaying fears about contraceptive methods, religious concerns, etc.).

45. With respect to youth, UNFPA would provide support to strengthen the capacity of various NGOs to conduct interpersonal communications among young people, especially those who are out-of-school, in order to implement appropriate programmes to address their reproductive health needs. The Fund would also provide financial and technical assistance to the Ministry of Youth, Sport and Child Development to enable it to integrate population and family life education, including HIV/AIDS awareness and prevention and environmental education, into the curriculum of its out-of-school Youth Development Centres located in eight provinces.

46. UNFPA would assist the Ministry of Education in developing population and family life education components, including HIV/AIDS awareness and prevention and gender and environmental concerns, as an integral part of the new curriculum for the primary school system. The Fund would provide financial and technical assistance, inter alia, to help teachers adjust their course plans to accommodate these new topics and produce requisite course materials. The new curriculum, to be launched at the beginning of 1995, is expected to be fully operational in all primary schools by the end of the proposed programme.

47. Most of the activities in the area of population IEC would be executed and implemented by the Ministry of Information and Broadcasting Services through the Zambia Information Service (ZIS) in close collaboration with the Ministry of Agriculture, University of Zambia and relevant NGOs. UNFPA would be the executing agency for the procurement and training components. The Ministry of Youth, Sport and Child Development would implement the youth components. The formal school system component would be implemented by the Ministry of Education. Total support for IEC activities would be $1.4 million, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

48. UNFPA would provide assistance to two activities in the area of data collection and analysis. The first would seek to finish the work of the 1990 Census of Population and Housing by providing resources to complete the processing and analysis of census data, to print and publish reports on census findings and to disseminate the results of the census by the end of 1995. The second activity would provide support to the Demographic Training Unit at the University of Zambia to enable it to carry out research; acquire technical publications, journals and data processing equipment; and conduct seminars, workshops and short courses on special topics for professionals serving in various government and non-governmental institutions.

/...

49. The total amount required for the above activities would be $700,000, of which UNFPA would provide $500,000. The Norwegian Government has expressed interest in assisting with the analysis of the census data, and UNFPA would assist the Government in seeking additional funding from other sources, including multi-bilateral sources. The programme would be implemented by the Central Statistical Office and the University of Zambia.

Population policy formulation

50. UNFPA proposes to provide assistance in the amount of $250,000 to this sector to ensure that within the Government's policy-making bodies and implementing ministries, population activities are fully integrated into organizational structures, routine operating procedures and training initiatives. Such support would provide for technical assistance to help establish the proposed National Population Council or some other coordination mechanism and to strengthen its capacities and those of its supporting bodies. It would also help to train staff in database management, indicator development and programme monitoring. Such a coordinating mechanism would help to ensure that technical inputs on population issues would be considered during the formulation of prospective plans and sectoral strategies and that programming efforts addressing family planning, HIV/AIDS, gender issues, rural development and youth would be coordinated effectively. UNFPA support would also be used to organize meetings, seminars and workshops on technical matters, in particular on setting new national- and district-level population targets in the light of new developments (e.g., the findings of the 1992 Demographic and Health Survey and the implementation of the decentralized district programmes).

Women, population and development

51. UNFPA would provide $550,000 in support, primarily for technical assistance to the NCDP, to develop a policy framework for addressing women, population and development issues and strengthening coordination and collaboration in the implementation of sectoral population activities that affect women. Further technical assistance and funding would be provided to the NCDP and the Central Statistical Office to enhance their capacities in ensuring availability of gender-specific data and research findings to assist the Government in promoting and monitoring the progress of its efforts to advance the status of women. UNFPA would assist the University of Zambia and the Zambia Association for Research and Development in developing a research agenda for undertaking operational socio-cultural research in the target districts concerning the integration of adolescent health and fertility concerns into health services as well as for undertaking studies on the sexual and reproductive behaviour of youth and such related issues as HIV/AIDS. The research agenda would also aim to improve IEC interventions.

Programme coordination

52. The proposed programme would provide assistance for strengthening the capacity of the National Population Council, when it is established, to coordinate the various population programmes and to integrate population factors into the planning process. Before the National Population Council is put in place, the NCDP would foster a process of collaboration among donors and between donors and the Government. The Technical Cooperation Division of the NCDP would also play an active role in ensuring that external inputs are appropriate and effective for the implementation of population programme priorities. Since the Government recognizes UNFPA as the lead agency in population activities, the UNFPA field office would continue to seek to strengthen ongoing and successful collaborative efforts between and among donors, particularly in the area of MCH/FP, and would work to promote programme coordination and joint programme support and to foster complementarity of activities.

/...

Programme monitoring, evaluation and management

53. All country programme activities would have built-in monitoring and evaluation components, and large and innovative projects would be subject to independent and in-depth evaluations at appropriate stages. In addition, all activities would be subject to standard progress reports, monitoring field visits, and tripartite review meetings. In-depth evaluations of the MCH/FP and IEC sectors would be undertaken before the end of 1995. UNFPA would make full use of available and appropriate national technical assistance, complemented by the UNFPA Country Support Team located in Harare, Zimbabwe. The programme would be managed by the UNFPA Country Director, under the guidance of the UNFPA Representative.

Financial summary

54. As indicated in paragraph 1 above, UNFPA would provide assistance in the amount of $6.4 million over the three-year period, 1994-1996, of which $4.5 million would be programmed from UNFPA's regular resources. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,000,000	1,500,000	3,500,000
Information, education and communication	1,200,000	200,000	1,400,000
Data collection and analysis	500,000	200,000	700,000
Population policy formulation	250,000	-	250,000
Women, population and development	550,000	-	550,000
Total	4,500,000	1,900,000	6,400,000

V. RECOMMENDATION

The Executive Director recommends that the Executive Board approve the proposed programme for Zambia as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

UNITED NATIONS

DP

Executive Board
of the
United Nations
Development Programme
and of the
United Nations
Population Fund

Distr.
GENERAL

DP/FPA/CP/137
12 April 1994

ORIGINAL: ENGLISH

First annual session 1994
6-17 June 1994, Geneva
Item 7 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Islamic Republic of Iran
Support for a comprehensive population programme

Proposed UNFPA assistance:	$10 million from UNFPA regular resources
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1994
Executing agencies:	Government of the Islamic Republic of Iran United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Plan and Budget Organization Ministry of Foreign Affairs

Islamic Republic of Iran

Demographic facts

Population (000)			
Total	66,720	Average annual change (000)	
Males	33,933	Population increase	1,691
Females	32,787	Births	2,491
Sex ratio (/100 females)	103.5	Deaths	440
Urban	40,299	Net migration	-360
Rural	26,421	Annual population total (% growth)	2.71
Per cent urban	60.4	Urban	3.91
Population in year 2000 (000)	77,929	Rural	1.00
Functional age groups (%)		Crude birth rate (/1000)	39.9
Young child: 0-4	17.4	Crude death rate (/1000)	7.0
Child: 5-14	28.5	Net migration rate (/1000)	-5.8
Youth: 15-24	19.1	Total fertility rate (/woman)	5.95
Elderly: 60+	5.9	Contraceptive prevalence rate (% 15-44)	..
65+	3.8	Gross reproduction rate (/woman)	2.90
Percentage of women aged 15-49	44.1	Net reproduction rate (/woman)	2.58
Median age (years)	16.9	Infant mortality rate (/1000)	40
Dependency ratios: total	99.0	Maternal mortality rate (/100,000)	..
(/100) Aged 0-14	91.3	Life expectancy at birth (years)	
Aged 65+	7.6	Males	66.6
Agricultural population density		Females	67.9
(/hectare of arable land)	1.0	Both sexes	67.2
Population density (/sq. km.)	40	GNP per capita U.S. dollars, 1991)	2,170

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1993. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1992 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects 1992 and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

/...

I. EXECUTIVE PROGRAMME SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $10 million over a five-year period, starting January 1994, to assist the Government of the Islamic Republic of Iran in achieving its population and development objectives. The proposed programme represents the second cycle of UNFPA assistance and is timed to coincide with the Government's second development plan, and with the programme cycles of UNDP and UNICEF, both of which are partners with UNFPA in the Joint Consultative Group on Policy (JCGP).

2. The proposed programme has been designed to complement the Government's national population activities and is based on: (a) the Government's objectives and strategies contained in the First Five-Year National Development Plan (1989-1993) and in the draft Second Five-Year National Development Plan (1994-1998); (b) the findings and recommendations of a UNFPA Programme Review and Strategy Development (PRSD) mission that visited the Islamic Republic of Iran in May-June 1993; (c) consultations in September 1993 with senior officials of the Ministry of Foreign Affairs, the Ministry of Health and Medical Education, and the Bureau of Women's Affairs; and (d) the experience and lessons learned from the implementation of UNFPA's first country programme.

3. According to the final results of the 1991 census, the population of the Islamic Republic of Iran is approximately 57.2 million, an increase of 7.8 million since the last census in 1986, or an average of 2.9 per cent a year. According to government projections, the population will reach 70.5 million by the year 2000 and 100 million by the year 2015. The provinces that have experienced more rapid population growth have been, generally, the least urban and least developed ones, and it is in these areas where UNFPA will concentrate its assistance.

4. Family planning was introduced in the country in 1967, when it received official recognition as a basic human right. In the following decade, the population growth rate declined from 3.69 per cent to 2.32 per cent. After a decade-long hiatus, family planning services were re-introduced more vigorously in 1988 as the result of a population conference held in Mashad that was addressed by the both the President and Prime Minister. Family planning now receives the full support of the Government.

5. Following initial UNFPA assistance in the 1970s, the Fund resumed its activities in the Islamic Republic of Iran in 1984. The major focus was on providing contraceptive supplies and on training rural midwives and family planning advocates in family planning techniques and counselling. This represented a major success of the first country programme: more than 1,500 such service providers have been trained to date. The other area of focus was in introducing population education into the Government's widespread and successful adult literacy campaign.

6. The broad objectives of the proposed UNFPA programme would be to assist the Government in: (a) formulating a comprehensive population policy and integrating social and demographic variables into sectoral planning; (b) further strengthening the capacity of Iranian institutions to carry out demographic data collection and analysis and population research and training; (c) improving the quality, coverage and accessibility of family planning services nationwide; (d) improving the role and status of women; and (e) consolidating the progress achieved so far in population education, both in and out of school.

7. The Government's population goal is to attain a demographic growth rate in harmony with the pace of the country's social and economic development. Short-term targets for 1998 set forth in the draft Second Five-Year Plan are: (a) to further reduce the population growth rate to 2.36 per cent; (b) to further reduce the total fertility and crude birth rates from the 1993 levels of 4.25 and 33 per 1,000, respectively, to 3.65 and 28 per 1,000; (c) to expand the coverage of family planning services from 46 per cent to 70 per cent of the population; (d) to promote increased public awareness of population issues and the adverse effects of rapid

/...

population growth on the country's development; (e) to enhance the participation of Iranian women in the socio-economic development of their country and to increase their awareness of the advantages of fertility regulation; and (f) to continue to study the country's population structure.

8. UNFPA's proposed programme would help the Government achieve these goals by targeting assistance in certain specific areas. The most important of these, to which almost half of the proposed funding would be devoted, would be to expand family planning services to poor rural and marginal urban areas. The main tool for doing this would be to continue the training of rural midwives and family planning advocates at the 30 training centres currently being supported and to expand this training to an additional 15 centres. Assistance would also be given for expanding the women's health volunteer programme, which has proved very successful in a pilot programme now underway in the suburban areas of south Tehran. UNFPA would also assist in meeting the country's contraceptive requirements, which would be the subject of an in-depth study in the proposed programme, and in helping the Government to expand the mix of contraceptive methods available in the country.

9. In addition to activities in the area of maternal and child health and family planning (MCH/FP), UNFPA would provide significant support for population information, education and communication (IEC), data collection, and women, population and development activities. Given the high level of school enrolment in the Islamic Republic of Iran and the fact that students below university level make up 30 per cent of the population, IEC activities would be focused on the formal school system, particularly in providing in-service training in population education for 700 teachers. At the community level, the proposed programme would continue to make use of the national literacy campaign as a way of introducing population concepts to many disadvantaged sections of the society, particularly women. Support would also be provided to help the Government prepare for the 1996 census, building on the success of the 1991 census. UNFPA would collaborate with UNDP and UNICEF in developing a national women-in-development strategy and programme and in strengthening the Bureau of Women's Affairs.

10. UNFPA is the only international funding agency that supports population programmes in the Islamic Republic of Iran, although both UNDP and UNICEF have collateral activities that complement UNFPA's assistance. With the ongoing strengthening of the UNFPA field office, UNFPA is expected to play an expanded role in coordinating this assistance. UNFPA's own programmes would be monitored and evaluated in accordance with standard UNFPA guidelines. Independent evaluations would also be carried out. The programme would be administered by the UNFPA Country Director under the supervision of the UNFPA Representative. In order to promote national execution, national experts would be recruited to strengthen project coordination and management. A training workshop on national execution for project directors would be organized with assistance from UNFPA headquarters, the UNFPA Country Support Team in Kathmandu, Nepal, and field offices in the region.

11. Recommendation. The Executive Director recommends that the Executive Board approve the programme for the Islamic Republic of Iran as presented below, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

II. BACKGROUND

12. According to the final results of the 1991 census, the population of the country is around 57.2 million, an increase of 7.8 million since the last census in 1986. Annual population growth has been rapid: 3.9 per cent during the period 1976-1986 and 2.9 per cent in the intercensal period 1986-1991. The provinces that have experienced more rapid population growth have been, generally, the least urban and least developed ones. Since the 1960s the health status of the population has improved dramatically. Mortality has continuously declined, and at an accelerated pace during the last decade. Infant mortality, which was 120 per

1,000 in 1956, was estimated at 33 per 1,000 in 1993. Maternal mortality has declined significantly, to 54 per 100,000 live births in 1991. Life expectancy was 67 years in 1992, and the crude birth rate was 33 per 1,000 in 1993. According to government projections, the population will reach 70.5 million by the year 2000 and 100 million by the year 2015.

13. Following the population conference in Mashad in 1988, a Fertility Regulation Council was set up under the chairmanship of the Minister of Health to monitor the implementation of the new population programme and to advise the Cabinet on population matters. The strong commitment of the Government to contain rapid population growth has been evident with the creation in late 1991 of a separate Population and Family Planning Department within the Ministry of Health and Medical Education and through various high-level policy seminars that culminated in 1993 legislation that suspends provision of family benefits (maternity leave, insurance, free day care) from the fourth child and up and directs educational institutions to incorporate population as a required subject in school curricula.

14. One of the advantages of the family planning programme is that it is integrated into a very extensive primary health care network that reaches 60 per cent of the rural population and 90 per cent of the urban population. This network provides pre- and postnatal care, immunization and environmental health education. In rural areas, the network consists of health houses that extend basic preventive and curative services, including distribution of contraceptive pills and condoms. Rural and urban health centres, managed by district health centres, provide guidance, supervision and referral to these health houses, and they are equipped to insert intra-uterine devices (IUDs) and to administer injectables. Soon these rural health centres will be able to perform sterilizations and insert implants, services that are currently undertaken only in hospitals. Referral services are provided by district hospitals, and tertiary care is assured by a network of public and private general hospitals.

15. The Ministry of Health and Medical Education has reported that total fertility declined from 6.4 children per woman in 1988 to 4.25 in 1993. A major part of this decline is attributed to an increase in the contraceptive prevalence rate (CPR) for modern methods, from below 20 per cent in 1988 to about 46 per cent in 1993. There has also been a notable increase in the literacy rate to 74 per cent, with girls' enrolment in primary schools nearly as high as that of boys. The spread of education and literacy has bolstered a widespread desire for smaller families, particularly among rural women.

16. An estimated 4.8 per cent of GDP is spent on health care, of which the share of public expenditure is 70 per cent. Preventive care is free in the public system, but there is a charge for curative services. Government allocations to the population and family planning programme have increased in recent years, and the capability to expand services in the medium- and long-term will depend to a large extent on the ability to sustain adequate financial support to the extensive public health network. In this connection the draft Second Five-Year Plan indicates a strong political will to establish a national health insurance scheme that would cover a larger portion of the population and to entrust the private sector with an increasing role in providing curative care, particularly hospital care in urban areas.

17. The Islamic Republic of Iran has placed great emphasis on its social development, and women enjoy a fairly good status, high levels of literacy, education and life expectancy, and low levels of maternal mortality. However, women still face important societal constraints. For example, whereas women participate very actively in the development activities of the country, they have limited career opportunities, particularly in the private sector. Within the family, women still assume a subordinate role to men, especially in rural areas, and thus have little influence in making decisions concerning themselves and their families.

18. Despite the success of the Government's population programme to date, the task ahead in further reducing fertility and increasing the CPR is rather formidable. In fact, the recent rapid increase in contraceptive use has been partly fuelled by the absence of family planning services for over a decade, and

/...

once the accumulated demand for contraception is met, further progress will be difficult, particularly since the programme is largely supply-oriented. A relatively large number of children, who were born during the "baby boom" of 1976-1986, will be entering their reproductive period from 1996 onward, and the programme will have to cater to the needs of a much larger number of couples, including those who are not yet reached through the primary health-care network. These concerns have been addressed by the Government in its second five-year plan, which highlights the need for a planning approach that takes into account the interlinkages between population factors and resources. The plan especially promotes a small family norm of four, as well as women's increased participation in socio-economic activities. The plan also envisages operational research and knowledge, attitudes and practices (KAP) surveys, annual surveys to study the employment and economic status of households, labour surveys, the introduction and development of new contraceptive technologies, legislation to direct hospitals and clinics to provide contraceptive services and abrogation of all schemes that encourage couples to have more than two children.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

19. External assistance constitutes a relatively modest proportion of the Government's health and family planning budget, and UNFPA is the only source of external assistance to population activities per se. UNFPA first provided assistance in the 1970s, allocating $2.36 million for population research, information and communication in support of MCH/FP, and for data collection. Assistance was resumed in 1984 for training of service providers and provision of contraceptives and medical equipment. Between 1984 to 1989, UNFPA's total expenditure was $1.06 million. Following a Basic Needs Assessment mission that visited the country in 1989, in 1990 the Governing Council approved the first country programme in the amount of $4 million. The programme was designed to assist the Government in developing its technical, administrative and management capabilities. It also aimed at paving the way for a more comprehensive population programme in the future. Extended to December 1993, the programme has spent $3.2 million, of which $1.9 million were expended in 1993.

Maternal and child health and family planning

20. Over the period 1990-1993, UNFPA's expenditures for MCH/FP activities amounted to $2.58 million. UNFPA provided contraceptive supplies, some laparoscopes and medical equipment, training in IUD insertion, and training and supplies for Norplant and no-scalpel vasectomy. UNFPA's major activity has been the training of about 1,565 rural midwives and family planning advocates, which account for nearly one-third of all these health workers in the country. The project has also helped to procure medical equipment and contraceptives and to produce IEC materials. Monitoring and follow-up visits and reports have revealed that the technical ability of the rural midwives and family planning advocates has been very satisfactory and that they have succeeded in winning the confidence of the community. To ensure the continued success of the programme, the PRSD mission recommended: (a) putting in place a monitoring and follow-up system; (b) upgrading the training curriculum with more emphasis on interpersonal communication skills, motivation and counselling techniques for family planning; and (c) including rural midwives and family planning advocates in the existing primary health-care fee scheme for family planning services. Another initiative, recently launched following the success of a pilot scheme in south Tehran, has been the development of community family planning services in 10 semi-urban areas. The project utilizes women volunteers from the community as motivators and counsellors and aims at expanding accessibility to family planning in areas that are not serviced by the primary health-care network or by the full range of urban facilities.

Information, education and communication

21. In the IEC sector, UNFPA enhanced public awareness of population issues by incorporating population education messages into the adult literacy programme. This programme has very successfully decreased rural illiteracy in the last 10 to 15 years and is managed by the Literacy Movement Organization

(LMO), which is a very influential and efficient institution. UNFPA funds were used to train teachers, instructors, and LMO officials in implementing family planning programmes and in incorporating population and family planning messages in training materials used in literacy classes. Study tours to observe successful population education programmes in China, Indonesia and Thailand were also organized for LMO officials. The PRSD mission noted that future activities need to address the actual teaching of population education and the production of population education training materials.

Other sectors

22. The concentration of UNFPA assistance in the areas of MCH/FP and IEC has left limited resources for other areas. The Fund did provide support to develop human resources in order to strengthen census analysis and data collection within the Statistical Centre of Iran and to enhance the quality of policy-oriented research and demography teaching at the Faculty of Social Sciences of Tehran University. UNFPA also directed efforts to strengthen the institutional capacity of the Population and Manpower Bureau of the Plan and Budget Organization to act as the focal point for coordination of population programmes in the Islamic Republic of Iran and the institutional capacity of the Urban Planning and Architecture Research Centre to effectively integrate population trends into regional and urban planning. Noting that there has been limited progress, owing to a late start and insufficient technical backstopping by the executing agencies, the PRSD mission recommended continued assistance in these areas.

Other external assistance

23. The main organizations providing assistance to population-related activities in the Islamic Republic of Iran, in addition to UNFPA, are UNICEF and WHO. UNICEF supports efforts to rehabilitate the primary health-care network in war-affected provinces, through which it assists child health activities, and has been providing assistance to establish primary health centres in refugee areas. UNICEF has also been active in implementing the Safe Motherhood programme nationwide. WHO provides support to help the country acquire appropriate technologies to meet its health care needs and train health personnel, particularly in health care management. A new programme to provide health vocational training for women is intended to increase women's employment in the health sector and their awareness of their own health needs.

24. The World Bank recently signed a six-year $141 million loan agreement to improve the primary health-care network of rural health centres, to establish a centre for training managers of health and family planning services, and to help defray costs for construction, equipment, training and personnel. UNFPA collaboration is foreseen in efforts to help procure contraceptives, identify technical expertise and arrange for training. The World Bank project is expected to begin in 1994.

IV. PROPOSED PROGRAMME 1994-1998

25. While fully endorsing the Government's population goals as the basis for programming future population activities in the Islamic Republic of Iran, the PRSD mission recommended the following strategies for UNFPA assistance: (a) concentrating UNFPA-supported MCH/FP activities in peri-urban and hard-to-reach rural areas through the health network and the rural midwives and family planning advocates' training programme and the women's health volunteer programme; (b) enhancing awareness and appreciation of population issues by utilizing all appropriate channels to disseminate culturally sensitive messages on responsible parenthood and the small family norm, and integrating population education into the curricula of both formal and informal education systems; (c) strengthening the institutional capacity of key government agencies, especially by helping to develop their human resources; and (d) integrating women's concerns into all population and development policies and programmes and utilizing women's NGOs.

26. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have information, education and means to do so (para. 14 (f)).

Maternal and child health and family planning

27. UNFPA would provide $4.5 million to support government efforts to expand and extend services to priority target groups, especially those in poor rural and marginal urban areas; improve programme coverage and quality; and improve programme management. The Safe Motherhood approach would guide UNFPA assistance in this sector in line with the Government's health policy and objectives.

28. The PRSD mission noted that the training of rural midwives and family planning advocates serves the health and development needs of women in both short- and long-term perspectives and that this training programme needs to be augmented and coordinated to further improve their performance. Family planning activities would be further strengthened in the 30 training centres for rural midwives and family planning advocates currently being supported by UNFPA and would be expanded to another 15 similar centres in selected provinces during the new programme cycle. Training curricula would also be revised to incorporate clinical counselling skills and client follow-up.

29. Despite significant expansion of MCH/FP services in rural areas, accessibility to family planning has remained limited in the semi-urban areas where there are neither community-level workers nor the full range of urban facilities. For this purpose, the Government started a women's health volunteer programme in southern Tehran, and this pilot project is currently being expanded to 10 other areas. The PRSD mission observed that utilizing community-based family planning services through women volunteers has been very effective in creating demand and in empowering women within their immediate family and community. It therefore recommended that such services be further expanded under the new country programme. UNFPA would provide support to establish 40 centres in selected suburban areas in 15 provinces, train volunteers in counselling, strengthen clinical contraceptive services in the centres, and set up a monitoring and follow-up system.

30. As part of its efforts to strengthen the health management and planning capabilities of the Ministry of Health and Medical Education and of teaching hospitals and public health schools, the Government plans to establish a National Family Planning Training and Media Centre in Tehran that would include an IEC department, a training department, and a research department with an attached clinic. The centre will serve as a focal point for the national training programme and will be open to trainees from neighbouring countries. UNFPA would support pre-service training and provide advisory services and some equipment for this centre.

31. Supporting the Government's initiative to strengthen national capacity to expand the mix of contraceptive methods has been recommended by the PRSD mission. In this respect, funds would be provided for: (a) contraceptive supplies such as Norplant and condoms; (b) technical assistance to improve the training of trainers, especially in counselling on the use of IUDs, injectables, Norplant, no-scalpel vasectomy and tubectomy; (c) a feasibility study to upgrade local production of IUDs and to introduce newer types of IUDs; and (d) an in-depth study of contraceptive requirements. UNFPA would also support research into cost-recovery schemes for family planning services in urban and suburban areas to assess the feasibility of charging for contraceptives. This would help define the role of the private sector in the expansion of family planning services.

/...

Information, education and communication

32. IEC for family planning. Despite government efforts to enlist the support of a wide range of participants and to develop innovative ways to increase demand for family planning in rural areas, IEC efforts have not been sufficiently coordinated and focused and have suffered from weak institutional capacity, a limited research base and the lack of a multi-sectoral strategy. The main scope of UNFPA's $1.4 million in assistance in this area, therefore, would be to contribute to the Government's announced priority of providing effective IEC support to the family planning service delivery system and of increasing the demand for services.

33. One of the main objectives in this sector would be to promote the implementation of a coordinated approach to IEC in support of family planning. In so doing, the proposed programme would make use of the country's well-developed primary health care (PHC) infrastructure, its modern and extensive mass communications system, and the grass-roots network of the Literacy Movement Organization, as well as draw upon the support of religious and community leaders, women's volunteers and NGOs. Two other objectives would be: (a) to develop an IEC programme that targets family planning service providers, adolescents and men; and (b) to integrate population education into all levels of the school system.

34. The Department of Population and Family Planning of the Ministry of Health and Medical Education is the key to the success of efforts to improve coordination of IEC efforts. The Department, which was established in 1991, has yet to assume its role as the lead government agency in coordinating and implementing population IEC activities. UNFPA efforts, as recommended by the PRSD mission, would therefore focus on strengthening the capacity of the Department to fulfil this role. The Fund would also provide support to: (a) produce IEC materials tailored to specific audiences; (b) train health and family planning service providers in support of IEC activities; (c) sensitize journalists, through well-designed orientation programmes, to pertinent family planning issues; and (d) promote family life education messages in religious gatherings.

35. Given the high level of school enrolment in the Islamic Republic of Iran and the fact that students below university level constitute 30 per cent of the population, the school system is a critical site for targeting population education activities at youth. Within the formal education system, UNFPA would assist the Ministry of Education in incorporating population education into the curriculum of primary, guidance and secondary schools. In this connection, education modules would be developed on the basis of a sociocultural study and would be tested and integrated into such subjects as geography, mathematics, biology and civil education. About 700 in-service teachers would receive training in the methodology of teaching population education. Population education would be introduced on a pilot basis in the final year of primary school in selected locations in Tehran and the provinces, and as an extra-curricular activity of secondary schools. The university curriculum for pre-service teachers' training would be revised to include a population education component.

36. At the community level, in addition to planned efforts to train more women volunteers as family planning assistants and strengthen the counselling skills of PHC/FP service providers, UNFPA would support the use of the highly successful literacy campaign to promote population and family planning education in literacy classes, especially those for women, and develop a package of teaching and reading materials on population and family planning issues for use in these classes.

Data collection and analysis

37. In noting the shortage of trained staff and the limited coordination among principal agencies in this area, the PRSD mission recommended that UNFPA assistance should be directed at upgrading the technical capacity of the Statistical Centre of Iran to compile, process, disseminate, and utilize population and family planning data by arranging higher-level training for its staff, both locally and abroad. Given the lessons

/...

learned in the 1991 census and to ensure the success of the 1996 census, UNFPA would provide technical services and training to the Statistical Centre of Iran in preparing a complete set of maps of enumeration areas and in conducting post-enumeration surveys to gauge the quality of the data collected.

38. The strengthening of the civil registration and vital statistics system is also of crucial importance for a vast country like the Islamic Republic of Iran. Since the civil registration system functions relatively well, only modest inputs would be required to upgrade the country's Civil Registration Organization. UNFPA would provide technical assistance and training to help establish a computer network linking the central databank with its peripheral terminals, produce training materials and strengthen the training of trainers of voluntary workers who serve as registrars of vital events in rural areas.

39. In collaboration with other donors, UNFPA would assist the Government in undertaking a study on improving collaboration among principal government agencies with the aim of raising the quality and reliability of data and eliminating the duplication of effort and conflicting estimates. A workshop involving the concerned agencies would review and evaluate the results of the study. UNFPA's total contribution to this sector would amount to $1.3 million.

Population dynamics and population policy formulation

40. The country's present approach to reducing population growth is mainly through a family planning and fertility regulation programme that is essentially supply-oriented. In order to sustain the remarkable achievements made in recent years, the PRSD mission recommended the formulation and implementation of a comprehensive population policy that takes into account the relationship of population trends and sustainable development in all sectors. The existing Population and Manpower Bureau of the Plan and Budget Organization could serve as the secretariat for the implementation of this policy. In this connection, UNFPA would provide technical expertise and training to strengthen the technical capacity of the Bureau's professional staff to help with the formulation of the population policy, to monitor programme implementation, to facilitate the overall coordination of population activities, and to integrate population concerns into development planning. UNFPA would also support the Demography Department of the Faculty of Social Sciences of Tehran University in establishing demography programmes at both graduate and undergraduate levels and would provide assistance to organize short-term demographic training in selected regional universities of the country, as well as to help selected universities to conduct research on population, to play an advocacy role in population issues, and to organize training for government officials.

41. UNFPA would provide limited assistance for training the staff of the Urban Planning and Architecture Research Centre to effectively integrate population trends into regional and urban physical planning. With the collaboration and coordination of the Population and Manpower Bureau, UNFPA would also support some research studies and other activities designed to promote the understanding among planners and policy makers of the intricate linkages between population trends, resource use, and environmental quality. In this regard, UNFPA would join the Government, UNDP, and the World Bank in developing a National Strategy for Environment and Sustainable Development. UNFPA proposes $900,000 for this sector.

Women, population and development

42. Women's perspectives in reproductive health and family planning. The Bureau of Women's Affairs under the President's Office is entrusted with the coordination of women's activities in the country and in working to improve the socio-economic status of women. Lack of qualified personnel and financial resources are a serious constraint to the organization, which also does not yet have a comprehensive policy to help it achieve intersectoral goals and objectives. As recommended by the PRSD mission, UNFPA's objective would be to assist the Government to formulate and implement a national strategy to promote the status and role of women in the family and society and to fully integrate women into the development process. UNFPA

/...

proposes to participate with other multilateral organizations such as UNDP and UNICEF in the preparation of a women-in-development strategy and programme, as a framework for government and donor activities. UNFPA would also collaborate with UNDP and UNICEF in efforts to strengthen the Bureau of Women's Affairs.

43. The activities envisaged in the proposed programme include support for a training programme that targets the professional staff of the Bureau of Women's Affairs, of provincial commissions, and of women's focal points in various ministries and departments. The training would focus on analysing gender issues, incorporating gender concerns in policies and programmes, and monitoring and evaluating progress. UNFPA would also support research on the situation of women and women issues, as well as pilot activities in two provinces to integrate women, particularly in rural areas, into the development process through skills development training and the creation of income-generating activities.

44. The Islamic Republic of Iran has little experience in the field of NGOs, but the Government is very interested in developing a framework for NGO activities for women. In this connection, UNFPA would provide assistance to the Bureau of Women's Affairs and the concerned ministries to initiate efforts to establish women-focused NGOs, particularly in the area of family planning, where some experience has been gained from the implementation of the women's health volunteer programme in south Tehran. Technical advice from international NGOs, like the International Planned Parenthood Federation (IPPF) and The Centre for Development and Population Activities (CEDPA), would be sought in drawing up the legal framework and registration procedures. UNFPA's assistance to this sector would amount to $1.5 million.

Programme reserve

45. An amount of $400,000 would be held in reserve for needs that may arise during programme implementation, specifically for innovative projects.

Programme coordination

46. The coordination of external assistance is under the joint responsibility of the Plan and Budget Organization and the Ministry of Foreign Affairs. The Department of Population and Family Planning of the Ministry of Health and Medical Education is UNFPA's major counterpart in the implementation of all MCH/FP activities. The proposed programme provides for strengthening the Government's coordination capability in this area. Collaboration and cooperation between UNFPA-supported activities would be strengthened through periodic meetings of project directors facilitated by the UNFPA field office. UNFPA would collaborate with the Government in promoting coordination and integration of population activities by means of continued contact with other donors, especially the members of the Joint Consultative Group on Policy (JCGP). With the ongoing strengthening of the UNFPA field office, UNFPA is expected to play an important role in coordinating population assistance, particularly with UNDP, UNICEF and the World Bank.

Financial summary

47. As indicated in paragraph 1, UNFPA proposes to provide assistance to the Islamic Republic of Iran in the amount of $10 million from its regular resources for a period of five years, starting January 1994. The following table shows how that amount would be accommodated by programme area.

	UNFPA regular resources $
Maternal and child health and family planning	4,500,000
Information, education and communication	1,400,000
Data collection and analysis	1,300,000
Population dynamics and population policy formulation	900,000
Women, population and development	1,500,000
Programme reserve	400,000
Total	10,000,000

V. RECOMMENDATION

48. The Executive Director recommends that the Executive Board approve the programme for the Islamic Republic of Iran as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

UNITED
NATIONS

DP

Executive Board
of the
United Nations
Development Programme
and of the
United Nations
Population Fund

Distr.
GENERAL

DP/FPA/CP/138
12 April 1994

ORIGINAL: ENGLISH

First annual session 1994
6-17 June 1994, Geneva
Item 7 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Republic of Maldives
Support for a population programme

Proposed UNFPA assistance:	$1.5 million of which $1.35 would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $150,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government contribution:	To be determined
Duration:	Three years
Estimated starting date:	1 January 1994
Executing agencies:	Government of the Republic of Maldives United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	External Resources Section of the Ministry of Foreign Affairs

Maldives

Demographic facts

Population (000)	
Total	248
Males	130
Females	119
Sex ratio (/100 females)	109.3
Urban	83
Rural	165
Per cent urban	33.4
Population in year 2000 (000)	286
Functional age groups (%)	
Young child: 0-4	16.8
Child: 5-14	27.2
Youth: 15-24	19.2
Elderly: 60+	5.5
65+	3.6
Percentage of women aged 15-49	45.4
Median age (years)	17.9
Dependency ratios: total	90.8
(/100) Aged 0-14	83.8
Aged 65+	7.0
Agricultural population density (/hectare of arable land)	..
Population density (/sq. km.)	833

Average annual change (000)	
Population increase	7
Births	9
Deaths	2
Net migration	0
Annual population total (% growth)	3.02
Urban	5.55
Rural	1.86
Crude birth rate (/1000)	38.4
Crude death rate (/1000)	8.3
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.17
Contraceptive prevalence rate (% 15-44)	..
Gross reproduction rate (/woman)	3.03
Net reproduction rate (/woman)	2.58
Infant mortality rate (/1000)	55
Maternal mortality rate (/100,000)	..
Life expectancy at birth (years)	
Males	64.7
Females	62.0
Both sexes	63.3
GNP per capita U.S. dollars, 1991)	..

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1993. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1992 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects 1992 and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. EXECUTIVE PROGRAMME SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a population programme in the amount of $1.5 million, of which $1.35 million would be programmed from UNFPA's regular resources, over a period of three years, starting January 1994, to assist the Government of the Maldives in achieving its population and development objectives. UNFPA would seek to provide the balance of $150,000 from a combination of UNFPA regular and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The proposed programme is UNFPA's first comprehensive population programme in the Maldives. It coincides with the Government's development plan for 1994-1996 as well as with the programming cycles of UNDP and UNICEF.

2. The proposed programme is, in fact, tied to the draft development plan for 1994-1996. It draws on the recommendations of the 1993 Programme Review and Strategy Development (PRSD) mission as well as on several recent studies on the population situation in the Maldives. Development of the proposed programme also included intensive dialogue with government officials, the representatives of other United Nations agencies in Malé, various non-governmental organization (NGOs) and the Asian Development Bank team that was in the process of formulating a ten-year perspective plan.

3. The Government's National Programme of Action includes some quite specific goals: increasing the contraceptive prevalence rate from 10 to 30 per cent by 1995; reducing the maternal mortality rate from 450 to 250 per 100,000 live births by the year 2000; reducing the infant mortality rate from 34 per 1,000 live births to 20 per 1,000; and reducing child mortality (under the age of five) from 16 per 1,000 to 5 per 1,000.

4. The Maldives is in a unique situation geographically. It is made up entirely of small coral islands and atolls. A mere 10 per cent of the land is arable. If speculation about the nature of global warming were to be realized, the whole country would be overwhelmed. Recent environmental degradation and the extremely rapid rate of population growth have prompted the Government to pay increasing attention to population problems. The current population is estimated at 248,000, an increase of 35,000 people since 1990. The population of the capital, Malé, has doubled in 13 years. Even under the most optimistic assumptions about the increase in contraceptive prevalence, the population would increase by over 15 per cent, to 286,000, by the year 2000. If effective programmes are not put in place, it is believed that the population could reach 308,000 by the turn of the century -- an increase of over 24 per cent in a span of only eight years.

5. Past UNFPA assistance was provided on a project basis with emphasis on training health personnel in providing family planning services and contraceptives. A relatively large number of such personnel were trained, but coverage did not reach to many of the outer islands and atolls. Because of the small size of the Maldives and the effectiveness of its radio coverage, it was possible to devise information, education and communication (IEC) campaigns that spread the knowledge of modern contraceptive methods to a large part of the population. The contraceptive prevalence rate is still low, however: about 10 per cent. Certain major target groups for IEC campaigns, such as women on outlying islands and adolescent girls, have not yet been reached as effectively as possible.

6. Based on the Government's population goals, the proposed support aims at addressing three key priority issues: (a) the dire lack of qualified maternal and child health and family planning (MCH/FP) personnel and the inadequate access to quality services; (b) the lack of a national population IEC strategy and the limited knowledge of population issues; and (c) the low contraceptive prevalence rate and the concomitant high fertility rate.

7. The majority of the funds under the proposed programme would be used to increase and improve human resources in the provision of family planning services, especially in training female community health workers (so that they make up 30 per cent of the total) and traditional birth attendants. A major goal would be to extend family planning services to all 200 inhabited islands, from the 126 currently covered. Continued

/...

efforts would be made to include population IEC campaigns in national radio programming and to incorporate population into the formal school system where it would reach many of the targeted adolescent girls. Among other things, information on AIDS prevention as well as on environmental and women's concerns would be incorporated into all IEC activities. The Maldives has yet to adopt a formal population policy, and the Government is just recently becoming aware of the constraints on the country's development caused by rapid population growth. The proposed programme would therefore provide support for the formulation of a much-needed population policy.

8. UNFPA is the major organization supporting population-related activities in the Maldives, although UNDP and UNICEF support related activities. The External Resources Section (ERS) of the Ministry of Foreign Affairs has the responsibility for mobilizing, coordinating and monitoring all external assistance in the Maldives. Technical responsibility for the proposed programme would be entrusted to the Population and Development Unit (PDU) that would be established under this programme. In consultation with UNFPA and the other donor agencies supporting population and health-related activities, the ERS and PDU would establish a coordination mechanism. Subsequently, the Government and the major donors would meet on a quarterly basis to exchange programme highlights and pertinent information that may affect or enhance attainment of programme goals. Particular care would be taken to establish linkages between UNFPA-supported training activities and those supported by WHO, UNICEF and UNDP. In addition, the UNFPA field office in Malé and the Country Director of Sri Lanka would ensure that UNFPA-sponsored missions and consultancies would be systematically briefed by the various donors.

9. The programme would be executed by the Government. However, given the insufficient number of adequately trained personnel, a resident technical adviser, United Nations Volunteers and national NGOs would assist in training in MCH/FP service delivery, management and evaluation. Mechanisms for periodic monitoring, evaluation, technical reviews and independent evaluations would be built into each programme component. The programme would be reviewed in 1996. At the field level, the programme would be supervised by the UNFPA Representative who is also the UNDP Resident Representative as well as by the UNFPA Country Director who will make quarterly visits to Malé. A National Programme Officer would assist the UNFPA Representative in daily activities. The Country Support Team in Kathmandu, Nepal, would provide technical backstopping.

10. Recommendation. The Executive Director recommends that the Executive Board approve the proposed programme for the Maldives as presented below, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

II. BACKGROUND

11. Demographic trends. The age structure of the Maldives is young (47 per cent are below 15 years of age) and the median age is 16.5 years. As a result of continued high fertility and rapidly declining mortality, the population growth rate of 3.4 per cent a year has shown little tendency to slow down.

12. The population of Malé, the capital, has doubled in merely 13 years (1977-1990). The city currently comprises 60,000 inhabitants (25 per cent of the total) of which almost 50 per cent are immigrants, predominantly males. Population densities vary significantly among the islands and atolls, resulting in a very skewed population distribution, with Malé having the highest density, at 33,203 persons per square kilometre, while the rest of the population is highly dispersed and, in many cases, isolated. The dispersed and uneven pattern of population distribution requires a much higher input for service delivery, communications and logistics than would otherwise have been the case.

13. Socio-economic highlights. With an average growth in the gross domestic product (GDP) of 10 per cent annually, Maldives' economic performance over the last decade has been impressive. Tourism contributes

over half of total foreign earnings and has stimulated other sectors, such as transport, construction and services. Fishing is the second largest earner of foreign exchange. In 1992, the per capita GDP was $685 a year. The debt service ratio has recorded a significant decline -- from 20.8 to 5.8 per cent since 1986. Maldives has also made impressive strides in increasing adult literacy and universal basic education. Adult literacy is 98 per cent; enrolment in primary and middle schools, with equal opportunity for girls and boys, has reached 95 per cent. Although enrolment in secondary schools is relatively low at 21 per cent, it is believed to have risen sharply in recent years. The concentration of almost all secondary and higher education institutions in Malé means that many Maldivians living on the outer atolls, especially women, are underserved. The quality of education shows great variation from island to island. Maternal mortality in the atolls has hardly declined (483 per 100,000 live births as compared to 148 for Malé). Women have a shorter life expectancy than men.

14. The Maldivians belong to a closely-knit society bound by the common ties of the Devehi language and Islam, which is the basis of the legal system. There is no disagreement between the Ministries of Health, Justice and Religious Affairs regarding family planning. The latter is provided only through the public sector, and services are limited to married couples only. Various sociocultural factors -- women's lack of education and employment opportunities, and their consequent need for financial security, coupled with the rate of male migration and societal norms -- have led to early marriages, adolescent motherhood and frequent divorces. In fact, a peculiarity of the country is that Maldivian women have an average of four divorces by the end of their reproductive cycle, with most remarriages entailing children.

15. Government policies. The Maldives' social sector strategy seeks, inter alia, to ensure the equitable distribution of primary health care services, to expand and upgrade schools, to provide adult education and vocational training, and to promote a programme of environmental conservation and management. Unlike previous development plans, the Fourth National Development Plan (1994-1996) and the Ten-Year Perspective Plan (1994-2004) view the present rapid rate of population growth to be a major development constraint. The Government also wants to alter population distribution and to resettle people from smaller to larger islands. The impact of unbridled population growth on the environment and on the sustainability of island communities is a growing concern. Public pronouncements at the highest level suggest strong support for family planning and the need for an explicit population policy.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

16. Although the Government of the Maldives was cognizant of the country's population growth rate, the first efforts to establish a family planning programme were only made in 1984. In that year, the Child Spacing Programme in the Department of Public Health was created. However, it was not until 1990 that the limited family planning services reached beyond Malé. There was no comprehensive population programme at that time. However, based on the 1984 Needs Assessment mission, UNFPA supported projects in selected areas. To date, the Fund has allocated a total of $2.1 million, of which approximately $1.6 million was expended by the end of 1992. While this support had some impact, scarcity of trained human resources and the over-centralization of decision-making have made the implementation of all development activities, including population activities supported by UNFPA, very difficult.

Maternal and child health and family planning

17. In the area of MCH/FP, UNFPA support focused initially on training health personnel and then on delivering integrated MCH/FP services to the outer atolls and islands. The major accomplishment was the establishment and strengthening of the Family Health Advisory Centre in Malé. From this base, family planning and basic health counselling services were extended to remote areas in order to increase awareness of family planning among health providers and recipients. The Centre has trained 165 female health workers, 56 teachers and 58 traditional birth attendants, and various publications on family planning have been produced. Refresher training has also been provided to 120 health personnel.

/...

18. UNFPA's support has been instrumental in formulating the 1986 child-spacing policy that allowed hospital-based doctors to supply all family planning services and local health workers to provide certain contraceptives. A number of these workers have received training on IUD insertion. Despite these achievements, MCH/FP projects suffered from tremendous constraints, mainly the highly dispersed nature of the population and the lack of human and financial resources. The lack of evaluation made impact assessment difficult.

Information, education and communication

19. UNFPA has been the sole international funding agency to finance IEC activities in support of MCH/FP. Activities included the development of a special programme of post-partum information and education for the staff at the Central Hospital; the production of radio programmes; and the publication of leaflets, pamphlets, posters, etc. Bi-weekly radio programmes broadcast information concerning preventive health care, Safe Motherhood and the merits of child-spacing. Six workshops were organized for health personnel, teachers and women's organizations. Partly as a result of these activities, awareness of modern contraceptives has increased in Malé from nearly zero to 67 per cent and from zero to 42.7 per cent in the outer islands.

20. All the same, IEC activities lacked strategy and focus: crucial target groups such as policy makers and out-of-school youth, particularly adolescent girls, were left out. The lack of trained personnel to develop IEC messages and material created yet another stumbling block. A major cultural constraint has been that MCH/FP-related information is provided mainly by male community health workers. The number of female community health workers has been negligible, and they lacked both knowledge and credibility.

21. UNFPA supported the introduction of population concepts in primary and secondary schools. Population education was also extended to school drop-outs and out-of-school youth. A Population Education Cell was established within the Ministry of Education. Training materials were developed, and 200 primary school pre-service and in-service teachers and 300 school administrators as well as officials from sectoral ministries and NGOs have been trained. Notwithstanding these achievements, the project suffered from delays in implementation caused by the frequent turnover of personnel and from a lack of knowledge and experience by the staff that replaced them. These shortcomings were compounded by the lack of research, evaluation and coordination among participating institutions and the almost total absence of an effective delivery mechanism in the informal sector.

Data collection and analysis

22. Maldives has a long history of undertaking censuses and maintaining vital statistics, but no systematic attempts have been made up to now to collect comprehensive population and housing data in conformity with internationally accepted concepts and procedures. Since 1976, UNFPA has supported the conduct of each of the five-year population censuses. The Fund has also conducted a knowledge, attitudes and practices (KAP) survey to provide data on fertility and family planning. The usefulness of census data has been critically hampered because of a lack of evaluation and delays in analysis. The credibility of the data has therefore also become a key issue.

Population policy formulation

23. As achievements in the economic sector helped meet the demands created by the increasing population, the Government felt no urgency in formulating a population policy during the 1980s. It is only very recently that the impact of the population growth rate on development has been recognized by the Government. However, the awareness creation that was forged with UNFPA's support has contributed to the current positive environment regarding population policies.

Women, population and development

24. Maldivian women enjoy equal opportunity and access to education and participate in all economic activities. Their constitutional and legal rights are the same as those of men, and women are not segregated from men. The proportion of women in the government sector is increasing from its current level of 30 per cent, and women have held posts at the ministerial level and participate in parliamentary elections. Nonetheless, women remain at a disadvantage with regards to divorce and inheritance law and socio-cultural patterns that promote early marriage. Their life expectancy is shorter than that of men, and mortality among women in the reproductive age groups is higher than among men in the corresponding age groups. Although the Department of Women's Affairs (DWA) was established in 1986 with a view to promoting the advancement of women, it was not until 1991 that the Government considered incorporating women's concerns into the country's development plan.

Other external assistance

25. UNFPA remains the major external organization supporting population-related activities in Maldives. UNDP is supporting activities to strengthen the capacities of the Department of Women's Affairs, to balance population distribution, and to improve the health infrastructure, including a training programme for nurses.

26. In addition to its efforts to extend the Expanded Programme of Immunization (EPI), improve sanitation, improve maternal and child health and promote breast feeding, UNICEF has provided assistance to strengthen the Department of Women's Affairs and to establish a number of Island Women's Centres in cooperation with DWA. WHO assisted UNFPA in executing family planning service delivery activities and has co-financed studies on ways to improve data and information systems. The Islamic Development Bank has indicated interest in supporting the Government's population resettlement programme.

27. Other population donors include Australia, which has provided fellowships for the study of population; India, which has provided assistance for hospital construction and equipment in Malé; and the United Kingdom, which has provided fellowships for the study of health and education. The Canadian International Development Agency (CIDA) has supported, through UNFPA, a seminar on population issues. The International Planned Parenthood Federation (IPPF) supports population programmes through its affiliate member, the Society for Health Education (SHE).

IV. PROPOSED PROGRAMME 1994-1996

28. The emphasis of the proposed programme would be on building institutional capability for the delivery of quality MCH/FP services to all the inhabited islands. The three-pronged programme strategy would focus on training a core staff in MCH/FP and IEC, increasing population awareness and promoting women's participation in the ranks of community health workers. The training activities would, to the extent possible, have substantive linkages with the training in health management and supervision that is being supported by UNDP as well as with activities to be funded by UNICEF and IPPF. UNFPA would also collaborate with these agencies in supporting the Department of Women's Affairs.

29. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action: that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para 14(d): that respect for human life is basic to all human societies (para. 14 (e); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and the means to do so (para. 14(f)).

Maternal and child health and family planning

30. The provision of family planning services in the outer islands commenced in 1990, where they are fully integrated into the primary health care system. However, this is not the case in Malé where family planning services are confined to the gynaecology service at the Central Hospital. Preventive and early referral interventions are insufficient throughout the country, and there is a lack of expertise in high-risk obstetric care. Furthermore, there is a continuing lack of information on desired family size and on the determinants of fertility. The PRSD mission deduced from a KAP survey that 50 per cent of non-users of any contraceptive method desired no more children. This, and the large number of illegal abortions, strongly suggests that there is a large unmet demand for family planning services.

31. In order to help the Government meet these needs, UNFPA proposes a total of $700,000 (of which $50,000 would be sought from multi-bilateral sources) for strengthening the capability of the Ministry of Health for training and re-training service providers, including 200 traditional birth attendants; increasing the number of female health workers; providing training in MCH/FP programme management, evaluation and coordination; integrating family planning education into training institutions; extending family planning services to all 200 islands; and providing needed contraceptive supplies based on assessed requirements.

Information, education and communication

32. The dearth of adequately trained personnel, the lack of IEC-related research, the absence of audience segmentation and message differentiation, the inadequacy of technical input and the extremely small number of female health workers have hampered the effectiveness of efforts deployed so far in IEC activities in the non-formal sector. With a view to helping address these constraints, UNFPA proposes to support the formulation of a research-based national IEC strategy and an IEC campaign aimed at increasing population awareness among policy makers, planners, religious and community leaders, newlyweds and other specific target groups. Training in interpersonal communication would be provided to service providers, with particular attention to male workers. Among other things, information on AIDS prevention as well as on environmental and women's concerns would be incorporated into all IEC activities.

33. Although progress has been made in formal population education, achievements have been constrained by the ubiquitous shortage of trained personnel, delays in project implementation, and lack of evaluation and coordination. The programme proposes support to institutionalize population education in primary and secondary schools as well as in the Institute of Teacher Education. The focus would be on providing pre-service and in-service training in population education; introducing population messages into textbooks and teachers' guides; and organizing orientation seminars and workshops for school administrators and management training for project implementers. Use would be made of the extensive coverage of radio programmes in the Maldives, by using them as one way of reaching parents and out-of-school youth. UNFPA proposes a total of $550,000 for both non-formal and formal population education, of which $75,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

34. The data generated through periodic population censuses were not used for planning and policy purposes due to the lack of trained personnel required for timely evaluation, analysis and dissemination. The civil registration exercise lacked systematic monitoring and co-ordination. Consequently, there is a remarkable paucity of reliable data, and there is a great need to build national skills in data collection and analysis. Government plans include the undertaking of a demographic and health survey, which will include estimates of mortality and fertility and which will also assess the extent of under-registration of births and deaths. In support of these government efforts, UNFPA proposes $60,000 for training in demographic data collection and analysis and for dissemination of the results of the 1990 population census.

/...

Population policy formulation

35. The current draft National Development Plan includes among its strategies the reduction of the population growth rate. Given the measures being taken by the Government, UNFPA proposes $125,000 to: (a) assist the different sectoral ministries in integrating population variables and issues in their planning; (b) coordinate the population-related activities of the different ministries, institutions and NGOs; (c) assume an advocacy role among planners and policy makers and implementers; and (d) produce informational materials on population subjects.

Women, population and development

36. Despite the relatively high status of Maldivian women, the total fertility rate of 6.4 and the maternal mortality rate of 483 per 100,000 live births suggest that until very recently the reproductive health of women has not been a priority. Women in high-risk groups have 20 per cent of all births, and one-third of women of reproductive age give birth annually. The Department of Women's Affairs, which is entrusted with the advancement of women in the country, suffers severely from a high turnover of professionals and finds itself unable to fulfil its mission.

37. UNFPA proposes to strengthen the advocacy capability of the Department of Women's Affairs and Island Women's Committees through training in gender analysis and in programme formulation, evaluation, monitoring and management. Women's concerns would be incorporated into seminars and workshops intended for senior planners, policy makers and opinion leaders as well as into the national population IEC campaign. Should additional funds become available, UNFPA also proposes to support the establishment of Island Women's Centres as focal points on information and training in MCH/FP. UNFPA would seek to provide $65,000 for activities in this area, of which $25,000 would be sought from other sources, including multi-bilateral sources.

Financial summary

38. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $1.5 million over the three-year period 1994-1996, of which $1.35 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $150,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

/...

	UNFPA Resources	Other Resources	Total
	$	$	$
Maternal and child health and family planning	650,000	50,000	700,000
Information, education and communication	475,000	75,000	550,000
Data collection and and analysis	60,000	-	60,000
Population policy formulation	125,000	-	125,000
Women, population and development	40,000	25,000	65,000
Total	1,350,000	150,000	1,500,000

V. RECOMMENDATION

39. The Executive Director recommends that the Governing Council approve the programme for the Maldives as presented above, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/139
11 April 1994

ORIGINAL: ENGLISH

First annual session 1994
6-17 June 1994, Geneva
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Philippines
Support for a comprehensive population programme

Proposed UNFPA assistance:	$35 million of which $25 would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $10 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1994
Executing agencies:	Government of the Philippines United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agencies:	National Economic and Development Authority (NEDA) Department of Health (DOH) Commission on Population (POPCOM)

/...

Philippines

Demographic facts

Population (000)	
Total	69,257
Males	35,108
Females	34,149
Sex ratio (/100 females)	102.8
Urban	31,650
Rural	37,607
Per cent urban	45.7
Population in year 2000 (000)	76,091
Functional age groups (%)	
Young child: 0-4	13.6
Child: 5-14	24.8
Youth: 15-24	19.7
Elderly: 60+	5.3
65+	3.3
Percentage of women aged 15-49	50.7
Median age (years)	20.7
Dependency ratios: total	71.5
(/100) Aged 0-14	65.8
Aged 65+	5.7
Agricultural population density (/hectare of arable land)	3.5
Population density (/sq. km.)	231

Average annual change (000)	
Population increase	1,364
Births	1,993
Deaths	440
Net migration	-180
Annual population total (% growth)	2.07
Urban	3.42
Rural	1.01
Crude birth rate (/1000)	30.3
Crude death rate (/1000)	6.8
Net migration rate (/1000)	-2.7
Total fertility rate (/woman)	3.93
Contraceptive prevalence rate (% 15-44)	45
Gross reproduction rate (/woman)	1.91
Net reproduction rate (/woman)	1.74
Infant mortality rate (/1000)	40
Maternal mortality rate (/100,000)	93
Life expectancy at birth (years)	
Males	63.1
Females	67.0
Both sexes	65.0
GNP per capita U.S. dollars, 1991)	730

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1993. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1992 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects 1992 and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. EXECUTIVE PROGRAMME SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $35 million, of which $25 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1994, to assist the Government of the Philippines in achieving its population and development objectives. UNFPA would seek to provide the balance of $10 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The time-frame of the proposed programme coincides with that of the Philippine national population plan, 1993-1998, and with the planned programmes of other international donors. This would be UNFPA's fourth comprehensive population programme for the Philippines.

2. Formulation of the proposed programme benefited from discussions with representatives of government sectoral ministries, non-governmental organizations (NGOs), and the field offices of other United Nations organizations in the Philippines. It takes into account: (a) the national population policy; (b) the national population plan for 1993-1998; (c) the national Medium-Term Development Plan, 1993-1998; (d) the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited the country in April/May 1993 and of the Contraceptive Requirements and Logistics Management Needs mission of 1993; (e) the mid-term review conducted by UNFPA in 1992; (f) lessons learned during previous UNFPA assistance to the Philippines; and (g) the proposed programmes of other donor organizations such as the United States Agency for International Development (USAID), the World Bank, the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).

3. The overall objective of the proposed programme is to assist the Government of the Philippines in revitalizing the national population programme in support of the objectives of the national population policy. The programme would provide assistance to expand and improve family planning motivation and service delivery coverage and to further integrate population concerns into the development planning process.

4. The specific aims of the proposed programme are to continue supporting maternal and child health and family planning (MCH/FP) activities in the four regions supported under the previous country programme and in several priority provinces designated by the Department of Health as having the greatest need. The programme would work to increase the ability of Local Government Units to manage these activities on their own, and to reach previously underserved parts of the population by a combination of information, education and communication (IEC) activities and the expanded delivery of family planning services. UNFPA would also work to consolidate the commitment of the Government and the country to population programmes and to increase national awareness of the important role that women have to play in the development process.

5. According to United Nations estimates, the population of the Philippines in 1992 was 69.2 million, with an estimated average annual growth rate of approximately 2.1 per cent for the period 1990-1995. By the year 2000 the Philippines is projected to become the thirteenth most populous country in the world, a substantial shift from its 1985 ranking of seventeenth most populous. The population growth rate has decreased slowly from a high of 2.97 per cent in 1970 to 2.35 per cent in 1990. However, there are some indications that it has increased again and will not level off until 1995. The growth rate is projected to be approximately 2.1 per cent in the year 2000. These changes in the population growth rate have resulted from a moderately decreasing fertility rate and a decelerating decline in mortality rates. The total fertility rate in 1992 was estimated to be 4 children per woman. The contraceptive prevalence rate increased from 24 per cent in 1973 to 36 per cent in 1988, of which modern artificial methods accounted for 21 per cent of the total.

6. The Commission on Population (POPCOM) was created in 1971 to set population policy and to coordinate the national population programme designed to carry out that policy. Although much progress was made during its first 10 years, the lack of political support from 1983 onwards greatly weakened not only POPCOM but the national population programme as well. The role of POPCOM was further diminished in

1989 when responsibility for administering the family planning programme was shifted to the Department of Health. POPCOM's role was limited to policy formulation, coordination, monitoring and advocacy. There are signs, however, that POPCOM may regain some of its former prominence. A bill was introduced recently in Congress to strengthen POPCOM and to make its Executive Director a Cabinet member.

7. The existing population policy, which was formulated in 1987, is still in effect and is reflected in several areas of the Medium-Term Development Plan, 1993-1998. Since the change of government in mid-1992, support for the programme, from the President downwards, has been much stronger and more open. The main opposition comes from the Catholic Church, but a recent agreement to respect freedom of conscience and to promote a programme that offers both natural and artificial methods of contraception seems to have avoided confrontation.

8. UNFPA began providing assistance to the Philippines in 1969. The first comprehensive programme was approved in 1972. The third country programme was for the period 1989-1993. It expended $23.5 million, of which $2.9 million came from multi-bilateral sources. Of the total, 77 per cent was used to support MCH/FP activities. UNFPA's support in this area was targeted at four regions and was provided equally to the Department of Health and to national NGOs. The results of the 1993 Demographic and Health Survey showed that UNFPA's four targeted regions ranked at the top in terms of contraceptive prevalence. This success, however, was hampered somewhat by the transfer of MCH/FP responsibilities from POPCOM to the Department of Health as well as by managerial weaknesses within the Department of Health. During the period of the third country programme, UNFPA also began support for women, population and development activities by assisting pilot projects in two provinces.

9. Under the proposed programme, UNFPA would once again devote the major part of resources to MCH/FP activities, spending a total of $22 million, or 63 per cent of the total amount requested. Activities would be concentrated in the four regions supported under the previous country programme and in several priority provinces designated by the Department of Health, where efforts would be made to increase the family planning capacities of Local Government Units and to make family planning more available to underserved parts of the population: high-risk women not currently practising family planning, their partners, and adolescents. UNFPA would also seek to provide a portion of the country's contraceptive needs and to expand the mix of the contraceptives available.

10. The other major areas of programme activities would be for IEC activities that would target the same underserved parts of the population mentioned in the paragraph above as a way of increasing the demand for family planning services. Significant support would also be given for population research and high-level training in order to strengthen the national consensus in favour of population programmes. Lastly, for the first time significant resources would be devoted to women, population and development activities, mainly by providing continued support to the National Commission on the Role of Filipino Women and by providing support to women's NGOs at the regional and local levels.

11. The Philippines receives a significant amount of support from other international agencies for population programmes: USAID is proposing an assistance programme of $110 million for the period 1994-1998; the World Bank is developing a Safe Motherhood and reproductive health project estimated at $100 million to begin in late 1994, and the German Government recently approved DM41 million to support community-based distribution of medical supplies and contraceptives, as well as IEC materials, in 50 medium-sized cities. During the current programme cycle, UNFPA has become the focal point for coordinating all of these activities. It is expected that this will continue during the period of the proposed programme. UNFPA would work to turn more of this coordination over to the Government of the Philippines by strengthening POPCOM's coordinating capacities as well as the managerial capacities of the Department of Health at both the central and local levels.

12. While the overall responsibility for the management of the proposed programme would be assumed by the Government, its implementation would be monitored in accordance with standard UNFPA guidelines. Additional monitoring and evaluation criteria, including the establishment of baseline data and the delineation of quantitative and qualitative indicators, would be built into projects during the formulation stage. A mid-term review would be held in 1996 to ascertain whether programme objectives were being met.

13. Recommendation. The Executive Director recommends that the Executive Board approve the proposed programme as presented below, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

II. BACKGROUND

14. According to United Nations estimates, the population of the Philippines in 1992 was 69.2 million, with an average annual growth rate of approximately 2.1 per cent for the period 1990-1995. Based on projected growth, by the year 2000 the Philippines will become the thirteenth most populous country in the world, a substantial shift from its 1985 ranking of seventeenth most populous.

15. The population growth rate decreased slowly from a high of 2.97 per cent in 1970 to 2.35 per cent in 1990. However, there are some indications that it has increased again and will not level off until 1995. The growth rate is projected to be approximately 2.1 per cent in the year 2000. These changes in the population growth rate have resulted from a moderately decreasing fertility rate and a decelerating decline in mortality rates. The total fertility rate in 1992 was estimated to be 4 children per woman.

16. The Philippine economy grew at an average annual rate of 1.3 per cent from 1965 to 1990. As a result of this low rate of growth the incidence of poverty remains high, with an estimated 41 per cent of the population living in poverty. Literacy levels are high, although they show a downward tendency. At present, literacy is estimated at over 90 per cent for both males and females. About 800,000 persons enter the job market each year, and in 1991 unemployment was estimated at 10.6 per cent and underemployment at 31.6 per cent.

17. The contraceptive prevalence rate increased from 24 per cent in 1973 to 36 per cent in 1988, of which modern artificial methods accounted for 21 per cent of the total. While general health indicators continue to improve, the health situation remains poor relative to that of neighbouring countries. This is particularly true of women of reproductive age. Maternal mortality is relatively high at an estimated 90 per 100,000 live births, with up to one quarter of these deaths attributed to complications associated with abortion. Moreover, half of all pregnant women experience some type of illness during pregnancy. Infant mortality is also relatively high at 60 per 1,000 live births, and malnutrition among children under five years of age is among the highest in Southeast Asia, according to UNICEF.

18. Environmental damage has increased during recent years. The total land area covered by natural forests has declined from 34 per cent in 1972 to less than 20 per cent at the present time, and the population living in upland, and therefore ecologically fragile, areas has reached 20 million people. Metro Manila ranks as the eighteenth largest metropolis in the world with a density of over 13,000 persons per square kilometre. Its water supply, sewerage services and air quality do not meet internationally recommended standards.

19. The Commission on Population (POPCOM) was created in 1971 to set population policy and to coordinate the national population programme designed to carry out that policy. Although much progress was made during its first 10 years, the lack of political support from 1983 onwards greatly weakened not only POPCOM but the national population programme as well. The role and status of POPCOM diminished further in 1989 as responsibility for administering the family planning programme was shifted to the Department of Health. Thereafter, POPCOM's responsibility was limited to policy formulation, coordination, monitoring and advocacy. There are signs, however, that POPCOM may regain some of its former

prominence. A bill was introduced recently in Congress to strengthen POPCOM and to make its Executive Director a Cabinet member without portfolio.

20. The existing population policy, which was formulated in 1987, is still in effect and is reflected in several areas of the Medium-Term Development Plan, 1993-1998. Since the change of government in mid-1992, support for the programme, from the President downwards, has been much stronger and more open. The main opposition to the programme comes from the Catholic Church, but a recent agreement to respect freedom of conscience and to promote a programme that offers both natural and artificial methods of contraception seems to have avoided confrontation.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

21. UNFPA began to provide assistance to the Philippines in 1969. The Governing Council subsequently approved the first UNFPA country programme in the amount of $6.9 million for the period 1972-1977 (later extended to 1979) and the second country programme in the amount of $10 million for 1980-1984 (later extended to 1988). The Council approved the third UNFPA country programme for 1989-1993 in the amount of $25 million, of which $21 million was to be from UNFPA regular resources and $4 million to be sought from other sources. At the conclusion of the programme, total expenditures amounted to approximately $23.5 million, with $2.9 million coming from multi-bilateral sources. Of the total, 77 per cent was used to support MCH/FP activities, 9 per cent was for policy formulation and 5 per cent for population IEC.

Maternal and child health and family planning

22. During the third country programme, UNFPA assistance in the area of MCH/FP was provided equally to both the Department of Health and national NGOs to support efforts to revitalize the family planning programme. Results of the mid-term evaluation of the Department of Health's family planning service delivery project, completed in February 1993, showed that UNFPA's inputs in personnel, training, computerization, equipment and supplies had significantly contributed to the strengthening of the Department's management capability. These inputs, likewise, were found to have helped increase access to quality family planning services in the four regions served by the project during the past two years. The results of the 1993 Demographic and Health Survey showed that these four regions consistently ranked among the highest in the country in terms of contraceptive prevalence. Similarly, the UNFPA-supported NGO Service Delivery Project has made some advances in strengthening the internal management capabilities of national NGOs, has expanded the outreach of family planning services and has helped to develop self-reliance through cost-recovery schemes.

23. Nevertheless, a number of major constraints, many of which arise from the transfer of the family planning programme from POPCOM to the Department of Health without adequate time for preparation, continue to hamper the implementation of the family planning programme. The mid-term evaluation report and the PRSD document both identify as continuing and formidable problem areas: (a) the unclear allocation of responsibilities for the programme within the Department of Health; (b) the generally weak regional management and monitoring capacities; (c) the inadequate financial and administrative systems of the family planning programme; and (d) the low priority given by some Local Government Units to family planning activities. The mid-term evaluation and PRSD exercise also uncovered several constraints in the non-governmental sector, including the different management structures and capabilities of the various NGOs, as well as their continuing struggle for survival and self-sustainability.

Information, education and communication

24. UNFPA assistance in this area helped the Department of Health to elaborate a conceptual framework for the family planning programme and its information, education, communication and motivation (IECM) component. The Department subsequently prepared a master plan for population IEC activities at the

national level. However, the plan, which received support from both USAID and UNFPA, was not implemented until the change of government in July 1992. Although the plan states that family planning is to be practised mainly for economic and demographic reasons, the Department of Health continues to focus on family planning as primarily a health issue. The effectiveness of the plan has also been limited somewhat by the lack of coordination between IEC activities and the availability of family planning services as well as the restrictions on IECM training for health personnel.

25. UNFPA also supported population IEC activities in the agriculture, labour and environment sectors. The main difficulty with this multisectoral approach has been ensuring that a coherent set of messages is used throughout the various service delivery and information systems. This has been made more difficult by the relative weakness and passivity of POPCOM during recent years. The mid-term evaluation of the project in the environment sector stressed the need to sustain population IEC efforts in order to reach rural households, as well as to devise a more systematic implementation strategy at the grass-roots level in order to ensure local government support.

Data collection and analysis

26. During the third country programme, UNFPA provided support for a number of population-related surveys and studies as well as limited assistance to the 1990 census. UNFPA support, along with that provided by USAID, also helped the National Statistical Office to decentralize the processing of census data and to disseminate the initial results. While such assistance has contributed both to a growing interest in the use of population data in development planning and to more rationalized and coordinated data collection efforts, there has, to date, been very limited analysis of the census data. There is also a need to devise a plan to guide the development of an information system for the national population programme as a whole, as well as to disaggregate data for use in planning at the local level.

27. Operations research has made considerable progress in recent years in response to the need to strengthen the family planning programme. The strategy of having a partnership between the researchers and programme managers in almost all stages of the research process has helped to ensure the relevance of studies to issues of programme implementation, as well as to develop a research culture among programme managers. However, there has been no such effort in the overall population programme to cover other types of research.

Population policy formulation

28. The UNFPA-supported Population and Development Planning Project implemented by the National Economic and Development Authority has made noteworthy headway in sensitizing a sizeable number of planners to the need for integrating population concerns into development planning. However, the mid-term evaluation of the project noted the need to provide further training for government officials and planners, to develop user-friendly guides for use in planning and to improve the process of integrating the national planning system with that of the line agencies in order to enhance planning at regional and local levels.

29. Moreover, the PRSD mission identified three factors that had limited the ability of planners to understand the key interactions between population and development and to incorporate population into development planning: (a) the considerable turnover of staff in concerned government agencies; (b) the lack of a critical mass of trained planners in most line agencies; and (c) the recent devolution of planned authority to the local government planners, the majority of whom have not yet received training in population and development planning. The PRSD mission also noted major gaps in the application of population and development projections in urban planning and in environmental planning and management.

/...

Women, population and development

30. UNFPA has only recently begun to provide assistance explicitly earmarked for women, population and development activities. Such assistance has been provided primarily to NGOs and local governments, through a pilot project. There is a need to expand this effort further by supporting selected non-governmental institutions that can be motivated to add population concerns to their existing activities. At the same time, more work needs to be done with the government sector at the national and local levels to strengthen their capabilities in this area. Equally important is the need to ensure that women's concerns are appropriately reflected in all phases of all activities.

31. During the third country programme, UNFPA provided limited support to two provincial governments to initiate a pilot activity specifically addressing women's concerns. The pilot activity included training on team building, organizational skills, micro-enterprise management and family welfare. A 1992 thematic evaluation conducted by UNFPA indicated that the project had helped women to increase their income, improve their status in the family and the community, and to change their reproductive behaviour. The evaluation also found that the connection between increased income, enhanced status, and changed health and family planning practices was especially strong when income-generating efforts were complemented by training in leadership development, the promotion of gender awareness and social and economic justice, and the availability of family planning services.

Other external assistance

32. The major part of the financial resources for the Philippine population programme continues to come from external sources. For example, USAID contributed a total of approximately $116 million from 1970 through 1993 and is in the process of approving a programme of assistance for 1994-1998 in the amount of $110 million. This new cycle of USAID assistance will be used to provide support for IEC activities and for population research and data collection and analysis, as well as to provide contraceptive supplies. USAID will also increase its assistance to local governments and to NGOs in order to help them improve their capacity to deliver family planning services.

33. The World Bank recently initiated a $70 million urban health and nutrition project to provide basic health services, including family planning, to poor communities in Metro Manila, Cebu, and Cagayan de Oro. In addition, the Bank is developing a Safe Motherhood and reproductive health project, estimated at $100 million, that is expected to begin in late 1994.

34. Other contributors include the German Government, which recently approved DM41 million to support the community-based distribution of medical supplies and contraceptives, as well as IEC materials, in 50 medium-sized cities; the Japan International Cooperation Agency, which provides limited support in the form of equipment and technical assistance in one province; the International Planned Parenthood Federation, which provides assistance through its local affiliate, the Family Planning Organization of the Philippines; and the Dutch Government, which made available through its rural development assistance programme a one-time contribution to the family planning programme in the amount of $2.9 million to help defray the costs of providing contraceptive services.

IV. PROPOSED PROGRAMME 1994-1998

35. The proposed programme would focus on revitalizing and decentralizing the national population programme as a means of helping the Government of the Philippines achieve population growth and distribution that are consistent with sustainable development. Its major objectives would be to extend the coverage of the family planning programme, promote the integration of population concerns into the planning and implementation of sectoral development programmes and projects, and strengthen the capabilities of the key participating agencies.

/...

36. In order to achieve these overall objectives, the programme would seek to: (a) broaden awareness of and support for population programmes; (b) increase the coverage and improve the quality of family planning services; (c) improve service delivery by expanding the use of national NGOs as executing agencies, especially those dealing directly with women's concerns; (d) integrate population perspectives into national, local and sectoral development plans; (e) improve the quality of population data to make them more useful for planners and programme implementers; (f) integrate gender and environmental concerns into population policies and programmes; and (g) coordinate programme implementation with other donor organizations.

37. The proposed programme would give special attention to Local Government Units, out-of school youth, economically disadvantaged women and children, underserved communities, and NGOs that focus on women and on the environment. It would emphasize national execution of programme activities. The programme would seek to make the most efficient and effective use of financial resources by emphasizing collaborative financing arrangements among donors, especially among United Nations agencies and organizations, and by seeking to generate government financial support for programme activities.

38. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14(d)); that respect for human life is basic to all human societies (para. 14(e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

Maternal and child health and family planning

39. Within the context of the Medium-Term Development Plan, which emphasizes people's unhampered access to quality basic services, the proposed programme would actively promote MCH/FP services as a way of improving the health of women and children. This health rationale for family planning has been further broadened to include women's reproductive health concerns as a means of improving the status of women and empowering them to take control over their reproductive lives.

40. Translated into specific objectives, the overall goal means: (a) increasing access to and availability of family planning information and services, particularly to remote and disadvantaged villages; (b) improving the quality of family planning services through strengthened monitoring and supervision and by better integration of family planning with MCH services; and (c) improving the managerial capabilities of the Department of Health, national NGOs and Local Government Units.

41. The Philippine Family Planning Programme (PFPP) continues to operate on the principle of non-coercion and the availability of a wide range of family planning methods. It is a national programme, mobilizing the entire health network, that provides information and services necessary for men and women of reproductive age to plan their families according to their beliefs and circumstances. A major new condition for the planning of the PFPP has emerged -- the devolution of health services from the Department of Health to the local governments.

42. Contraceptive requirements. The Demographic and Health Survey carried out in mid-1993 indicated a small improvement in the coverage of the family planning programme compared to the previous survey in 1988. Modern contraceptive methods were being used in 1993 by 25 per cent of currently married women (23 per cent previously), with female sterilization at 12 per cent (11 per cent in 1988) and oral contraceptives at 8.5 per cent (7 per cent previously). Knowledge of contraceptive methods remained at over 90 per cent for all methods, and the Government continues to be the main source of supply for 71 per cent of the women. An important finding of the survey was that 50.6 per cent of currently married women do not want any more

children, while another 18.7 per cent want to wait at least two years before having their next child. These figures confirm the large unmet need for modern methods of contraception.

43. Based on the results of the 1993 UNFPA-supported contraceptive requirements mission, the total fertility rate is expected to decrease from 4.09 children per woman to 3.37 over the period 1993-1998. The contraceptive prevalence rate is expected to rise from 40 per cent in 1993 to 50 per cent in 1998, with the number of contraceptive users increasing from 4 million to 5.7 million. It is anticipated that there will be major increases in the proportion of all couples using injectables (to 8 per cent), IUDs (to 10 per cent) and modern natural family planning methods (to 9 per cent). The share of pills (21 per cent), female sterilization (29 per cent) and condoms (2.5 per cent) will remain approximately the same. The annual quantity of condoms required for the prevention of sexually transmitted diseases (STDs) and AIDS is estimated at 93 million by the year 1998. The projected total costs required for contraceptives and for condoms for STD/AIDS prevention through the year 1998 are $45 million and $17 million, respectively.

44. Proposed activities. In order to make family planning services accessible to previously underserved populations, the proposed programme would employ a three-pronged strategy: (a) identify the main groups most in need of family planning services; (b) extend the coverage of such services to remote villages and communities; and (c) provide a wide array of family planning methods. UNFPA will work closely with the Government to ensure that the objectives and targets of the National Family Planning Programme are met and that the regions and provinces assisted by UNFPA make their expected contribution to attaining the proposed national contraceptive prevalence rate of 50 per cent. The programme would give priority attention to three main groups: high-risk women of reproductive age who are not practising family planning but who want to do so; those women's partners; and adolescents. UNFPA assistance would be used to field mobile family planning medical teams to cover remote villages and communities, as well as to upgrade hospitals in areas that had previously lost out as a result of devolution so that they can deliver basic family planning services.

45. UNFPA would expand the mix of contraceptives to include Depo Provera, Norplant subdermal implants, and the female condom; extend assistance to private groups engaged in the social marketing of contraceptives; and seek to expand access to modern natural family methods. The Fund would also encourage the more effective health-care NGOs to participate in the family planning programme, especially those active in the most disadvantaged communities, and give priority to community-based NGOs that specialize in such areas as rural development, women's issues and environmental issues, as well as to labour groups and popular organizations that have innovative ideas and use creative and promising approaches.

46. In order to improve the quality of family planning services, UNFPA would help to strengthen the monitoring and supervisory capabilities of health personnel, systematically integrate family planning and MCH services, and provide a comprehensive package of family planning services (to include, e.g., training, support IEC, and contraceptive supplies) to selected Local Government Units. Monitoring and supervision would be strengthened by training supervisory health personnel, by reviewing and improving the current system of health indicators and by installing an organized monitoring and evaluation system. Such efforts would be undertaken in those areas where UNFPA had provided substantial investments in basic family planning inputs during its third country programme.

47. In order to sustain the family planning programme over the longer term, particularly under a devolved structure, it will be essential to strengthen the institutional capabilities of the Department of Health, the Local Government Units and NGOs. The greatest need at the central level is to develop a core group of managers capable of directing and supervising the various components of the family planning programme in order to reduce the Department of Health's reliance on external institutions. The greatest need at the regional level is to upgrade the technical capabilities of the Department of Health's field offices to review and evaluate local plans and project proposals.

48. Efforts to strengthen the institutional capacity of Local Government Units would focus on building up the basic management skills of local government personnel so that these units can take over and manage the delivery of family planning information and services. The capacity building of NGOs would focus on two types of NGOs -- those that have traditionally worked in the area of family planning and those that have demonstrated new and innovative approaches to MCH/FP service delivery. The former would be helped to emphasize their respective areas of comparative advantage; the latter would be helped in building their capacity to realize their promise.

49. The proposed assistance to this sector is in the amount of $22 million, of which $7 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

50. As recommended by the PRSD mission, UNFPA support in this sector would focus on the estimated 13.9 million women of reproductive age, in particular those most at risk and especially if they are poor. The Fund would also target the husbands of these women as well as youth. The activities directed at youth would employ a life-stage orientation, starting at the primary-school level and continuing through to adolescence and adulthood. Moreover, because of the existence of a well-organized opposition to family planning, UNFPA-supported IEC activities would also focus on influential individuals and groups, in particular the media, legislators and local executives.

51. Activities in the area of population IEC would specifically seek to: (a) increase understanding among students of the complex interrelationship between population and sustainable development, as well as of responsible sexuality; (b) reduce the incidence of pregnancy and fertility-related problems among adolescents; (c) translate the people's relatively high knowledge of family planning into actual practice; and (d) generate support among critical segments of society for the population programme.

52. To achieve these IEC goals, the proposed programme would pursue the following strategies: (a) revitalize the formal population education programme by emphasizing innovative methods and by broadening it to include related issues such as those concerning gender, the environment and AIDS and STDs; (b) provide more timely, accurate and reliable information for couples of reproductive age so that they can make informed decisions; (c) strengthen the links between IEC activities and service delivery; (d) promote adolescent fertility programmes and coordinate them with the non-formal education programmes of public and private institutions; (e) strengthen the population advocacy programmes that target influential groups and individuals; and (f) support an integrated IEC programme that promotes awareness of the dynamic interaction of population, resources and the environment.

53. UNFPA proposes to support the IEC sector in the amount of $5.2 million, of which $2 million would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

54. The primary aim of UNFPA's $500,000 in assistance to this area would be to improve the collection and use of population data in order to make such data more responsive to the evolving needs of planners and programme implementers. Specifically, it would aim to regularize the use of population-related data in development planning; increase the quality of the data generated; and provide research-based information to help improve programme operations. The PRSD mission identified the following needs in this area: (a) to provide technical assistance to help strengthen and decentralize the database; (b) to enhance the institutional capability of concerned agencies; and (c) to support developmental and operations research to address major gaps in data and to help programmes work better. Special emphasis would be placed on advancing the concerns of women and adolescents in all stages of the data collection and analysis process, and on building demographic databases for ecologically critical areas.

55. The proposed UNFPA programme would also seek to improve the quality and maximize the utility of the 10-year programme of the Integrated Survey of Households (ISH), which was developed to generate household-level statistics on a regular basis for use in planning and policy-making and to strengthen the linkages among agencies producing and using such data. The primary aims of UNFPA assistance would be to attain internal consistency in the surveys and to allow for the processing of data at the local level by, among other things, simplifying the core questionnaire, the sampling design and the estimation procedures and by decentralizing database operations.

Population policy formulation

56. UNFPA assistance in the amount of $2.4 million would be designed to promote greater consideration of population factors in policy making and development planning, in particular in efforts to alleviate poverty, enhance the status of women and conserve the environment. A related activity would be to strengthen the capacity of responsible government institutions to accomplish this goal. The strategy employed would be: (a) to step up orientation and training for policy makers and planners, giving greater attention to those from Local Government Units; (b) improve analytical and methodological tools for integrating population factors into development planning; (c) strengthen the research and database on population factors that are pertinent to integrating population into development planning, particularly in the areas of urban and environmental planning; (d) prepare state-of-population or state-of-population-and-development reports for each region and province; (e) use an interagency collaborative approach to implement programme activities; and (f) strengthen POPCOM so that it can effectively carry out its role in the area of policy formulation.

57. The proposed programme would use a three-track approach to help develop a cadre of experts needed to implement such a strategy: (a) train top-level social scientists in the new areas of population and environment; population, women and development; and the more general area of population and development; (b) provide fellowship support to increase the cadre of middle-level social scientists in demography and demographic economics; and (c) develop or strengthen curricula in selected departments of the University of the Philippines, the University of San Carlos and Xavier University.

Population dynamics

58. UNFPA assistance in this area would seek to improve the quality of research on the interrelationship between population and development, including the impact of various population factors on environmental and resource management. The overall aims would be to increase the extent to which population factors are integrated into development planning and to help improve the strategies being used to implement the Philippine population programme. The Fund would provide support in the amount of $700,000 to: (a) conduct research on immediate, medium-, and long-term planning needs; (b) prepare framework papers to guide policy-oriented research to meet policy and planning requirements; and (c) organize joint workshops for planners and researchers to help them formulate research agendas and make better use of research results in population and development planning.

Women, population and development

59. The PRSD mission noted that while women play a highly visible and significant role in the national economy, their overall status is not high and the incorporation of gender concerns into mainstream development remains an urgent need. In addition, the absence of women-specific data has been identified as a constraint in mainstreaming the concerns of women into policies and projects. Furthermore, the sensitizing efforts led by the National Commission on the Role of Filipino Women (NCRFW) have not, as yet, reached down to the regional and local levels.

60. UNFPA's objective in this area is to integrate women's and gender issues into the comprehensive population policy and programme. The larger goal is to contribute to widening women's choices and

opportunities to advance socially and economically. More specifically, assistance to this sector aims to: (a) help mainstream gender and population perspectives into development plans, policies and programmes; (b) strengthen the capability of the progressive women's movement to pursue initiatives to empower women, with particular focus on women's reproductive health; and (c) promote innovative and integrated community-based initiatives to enhance the socio-economic status of women.

61. Strategies to achieve these goals would include: (a) sensitizing policy makers, planners and programme implementers, with greater focus at the local level, in addressing gender issues in policy, planning and project initiatives; (b) mobilizing a pool of experts to backstop planning and training activities; (c) supporting data-generation and research pertaining to women, population and development for use in policy-making and planning; (d) reviewing, and if necessary improving, IEC and training materials used by government extension workers; (e) formulating and putting into operation a national framework for women's reproductive health care; (f) supporting activities to improve the economic status of women in tandem with the provision of health and reproductive care services; (g) providing assistance to the NCRFW and other key government agencies for initiatives to integrate gender and reproductive health concerns into major plans and programmes; and (h) supporting women's NGOs, particularly at the local level, in their capability-building initiatives. The proposed amount of UNFPA assistance is $3.7 million, of which $1 million would be sought from other sources, including multi-bilateral sources.

Programme reserve

62. A programme reserve of $500,000 would be established to support complementary activities, particularly in the areas of women and reproductive health care, as well as in protecting the environment.

Programme coordination

63. The proposed programme effectively coincides with the Government's Medium-Term Development Plan and the Philippine National Population Plan, both of which cover the period 1993-1998. It also coincides with UNICEF's fourth country programme (1994-1998) but will start one year behind UNDP's country programme (1993-1997). UNFPA assistance had been planned to complement that of the other donors, particularly with USAID, whose programme will also cover the period 1994-1998, and with the World Bank, which initiated an urban health and nutrition programme in late 1993 and is expected to coordinate a major women's health and Safe Motherhood project to begin in late 1994.

64. During the current programme cycle, UNFPA has become the focal point for the coordination of donor activities in the population field. It is expected that this arrangement will continue during the period of the proposed programme, while at the same time support would be provided to the Government to strengthen its coordinating capacity. The UNFPA programme would be coordinated through the National Economic and Development Authority (coordinator of all external assistance), POPCOM (coordinator of the national population programme), and the Department of Health (the lead government agency in family planning). UNFPA's proposed programme provides for the strengthening of POPCOM's coordinating capabilities and for the institutional strengthening of the Department of Health at the central and regional levels.

Programme monitoring, evaluation and management

65. While the overall responsibility for the management of the proposed programme would be assumed by the Government, its implementation would be monitored in accordance with standard UNFPA guidelines. Additional monitoring and evaluation criteria, including the establishment of baseline data and the delineation of quantitative and qualitative indicators, would be built into projects during the formulation stage. A mid-term review would be held in 1996 to ascertain whether programme objectives were being met. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical

/...

backstopping capacities, complemented by the UNFPA Country Support Team based in Bangkok, as well as other regional and international sources of technical assistance.

Financial summary

66. As noted in paragraph 1, UNFPA proposes to support a programme of $35 million over the five-year period 1994-1998, of which $25 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $10 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table depicts how the programme areas would accommodate these two levels of funding.

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	15,000,000	7,000,000	22,000,000
Information, education and communication	3,200,000	2,000,000	5,200,000
Data collection and analysis	500,000	-	500,000
Population policy formulation	2,400,000	-	2,400,000
Population dynamics	700,000	-	700,000
Women, population and development	2,700,000	1,000,000	3,700,000
Programme reserve	500,000	-	500,000
Total	25,000,000	10,000,000	35,000,000

V. RECOMMENDATION

67. The Executive Director recommends that the Executive Board approve the programme for the Philippines as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/140
11 April 1994

ORIGINAL: ENGLISH

First annual session 1994
6-17 June 1994, Geneva
Item 7 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Nicaragua
Support for a comprehensive population programme

Proposed UNFPA assistance:	**$5.5 million, of which $3.4 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $2.1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.**
Estimated value of the Government contribution:	To be determined
Duration:	Three years
Estimated starting date:	January 1994
Executing agencies:	Government of Nicaragua United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of External Cooperation

/...

Nicaragua

Demographic facts

Population (000)	
Total	4,433
Males	2,165
Females	2,268
Sex ratio (/100 females)	95.5
Urban	2,788
Rural	1,645
Per cent urban	62.9
Population in year 2000 (000)	5,169
Functional age groups (%)	
Young child: 0-4	17.3
Child: 5-14	28.6
Youth: 15-24	20.2
Elderly: 60+	4.7
65+	3.1
Percentage of women aged 15-49	46.5
Median age (years)	16.8
Dependency ratios: total	96.3
(/100) Aged 0-14	90.2
Aged 65+	6.1
Agricultural population density (/hectare of arable land)	1.1
Population density (/sq. km.)	34

Average annual change (000)	
Population increase	151
Births	164
Deaths	28
Net migration	15
Annual population total (% growth)	3.74
Urban	4.76
Rural	2.13
Crude birth rate (/1000)	40.5
Crude death rate (/1000)	6.8
Net migration rate (/1000)	3.7
Total fertility rate (/woman)	5.04
Contraceptive prevalence rate (% 15-44)	27
Gross reproduction rate (/woman)	2.46
Net reproduction rate (/woman)	2.10
Infant mortality rate (/1000)	52
Maternal mortality rate (/100,000)	47
Life expectancy at birth (years)	
Males	64.8
Females	68.5
Both sexes	66.7
GNP per capita U.S. dollars, 1991)	460

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1993. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1992 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects 1992 and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

/...

I. EXECUTIVE PROGRAMME SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $5.5 million, of which $3.4 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1994, to assist the Government of Nicaragua in achieving its population and development objectives. UNFPA would seek to provide the balance of $2.1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme has been developed in close cooperation with Nicaragua's Ministry of External Cooperation, which is in charge of coordinating all external assistance, and with the sectoral ministries concerned with population programmes. The proposed programme takes account of the results and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited Nicaragua in November 1992. Other external assistance agencies and non-governmental organizations (NGOs) were consulted in the design of the programme.

3. The proposed programme would aim to achieve the following long-term goals: (a) strengthen the country's institutional capacity to plan and carry out its own population programmes and to include demographic variables in its social and economic development planning; and (b) lower fertility and maternal mortality rates by increasing the demand for, and ensuring the supply of, high-quality family planning services and contraceptives.

4. The main part of the resources of the proposed programme would be devoted to the areas of maternal and child health and family planning (MCH/FP) and basic data collection. The main goal of MCH/FP activities would be to increase the national coverage of family planning services by 10 per cent over the period of the programme. The emphasis would be on training personnel to carry out MCH/FP activities and helping to provide the country's contraceptive needs. Because of civil strife, there has been no census in Nicaragua since 1971. A major part of the proposed funding would therefore go towards supporting the next national census, which would serve as a baseline for all future development activities.

5. Nicaragua has the highest annual population growth rate of any country in the Americas, estimated at 3.7 per cent. The current population is estimated at 4.4 million. The national average total fertility rate is 5.0 children per woman, but, according to the Family Health Survey, this varies from 6.8 in rural areas to 3.2 in the capital city of Managua. There are severe imbalances in population distribution, with heavy densities in the Pacific region as a whole and with a concentration around Managua, where 30 per cent of the population lives. These imbalances have been exacerbated by widespread internal migration caused by years of civil conflict and disorder.

6. Civil strife, inappropriate economic policies and economic embargo have contributed to a deteriorating economic situation. In 1992, per capita gross domestic product was $435, the second lowest in Latin America, and it is estimated that 70 per cent of the population is living in poverty. The Government is trying to mitigate these difficulties by devoting resources to rehabilitating the social sector. This includes MCH/FP activities, but as yet the Government has not adopted an explicit population policy.

7. The level of contraceptive use in Nicaragua is moderately high: according to the Family Health Survey of 1992, 48.7 per cent of married women and women in union were using contraceptive methods. However, this average hides a wide disparity among different groups of the population: 62.7 per cent in Managua versus 27.8 per cent in mountainous rural areas; 60.5 per cent among women aged 35-39 versus 23.2 per cent for those 15-19; and 69.1 per cent among women who have completed secondary school versus 28.5 per cent of those with no formal education. The method most commonly used is female sterilization, which accounts for 38 per cent of all contraceptive methods; this is followed by oral contraceptives (26 per cent), IUDs (19 per cent), and condoms (5 per cent).

/...

8. UNFPA began its assistance to Nicaragua in the mid-1970s with support for data collection. There have been three prior comprehensive programmes, the latest one beginning in 1988. Overall results have been much less than what was hoped for because of civil war, economic embargo, lack of economic resources and administrative experience, and the extreme political polarization that has characterized the country. Family planning programmes and data collection, in particular, suffered because of the lack of government commitment and resources.

9. The proposed programme would concentrate on these two areas. In the area of MCH/FP, UNFPA would provide support for training health personnel, especially those serving in rural areas, in family planning methods and counseling. UNFPA would also take the lead role, in collaboration with the United States Agency for International Development (USAID) and the World Bank, in meeting the country's contraceptive needs. Almost half of the proposed funds would go for these and other MCH/FP activities. There has been no national population census since 1971; therefore, a third of the proposed funding would help with carrying out the census scheduled for 1994.

10. Programme activities would focus on the needs of the most vulnerable populations, especially women in rural areas, since this sector of the population suffers the most from poverty and has the lowest levels of education and the least access to social services. The programme would also give special consideration to youth, both in urban and rural areas.

11. In addition to UNFPA, the lead agency in providing population services to Nicaragua has been USAID. This will continue during the period of the proposed programme: USAID is providing $5 million for a five-year family planning project with the NGO PROFAMILIA and $20 million over five years to the Ministry of Health for child survival and family planning activities. Given the size of USAID's funding, UNFPA will cooperate closely with that agency to see that a coordinated approach is carried out and that efforts are not duplicated.

12. The proposed programme would be managed by the UNFPA Country Director and the field office in Nicaragua in coordination with the Ministry of External Cooperation. All activities of the programme would have built-in monitoring and evaluation mechanisms, and independent evaluations would be a part of all larger and innovative projects. A mid-term programme review is anticipated in 1995. UNFPA would make full use of available and appropriate national and regional technical capacities, complemented by the UNFPA Country Support Team located in Santiago, Chile, and would strongly support the national execution of projects.

13. Recommendation. The Executive Director recommends that the Executive Board approve the programme for Nicaragua as presented below, subject to the availability of funds, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

II. BACKGROUND

14. Demographic trends. Nicaragua has the highest annual population growth rate in the Americas, estimated at 3.7 per cent. Currently the population of the country is around 4.4 million. The majority (63.8 per cent) of the population lives in the Pacific region, which makes up only 15 per cent of the national territory. The Atlantic region, over half of the territory, is inhabited by only 5.4 per cent of the population.

15. The United Nations estimates the total fertility rate in Nicaragua to be 5.0 children per woman, one of the highest in Latin America. The fertility rate varies according to geographical areas and socio-economic status. According to the Family Health Survey, in the mountainous rural areas, the fertility rate is 6.8; in Managua it is 3.2. Women with less than a secondary education average 6.9 children; those with secondary education or higher have only 2.4. The only age group in which fertility has not declined in recent years is that of women 15-19 years of age. The birth rate in this group, 158 per 1,000 (1992), is thought to be the highest in Central America.

/...

16. It is estimated that the infant mortality rate is 52 per 1,000 live births. However, survey results show considerably higher rates for rural areas. More than half of infant deaths are caused by respiratory and intestinal diseases, most of which are preventable. The Ministry of Health estimates maternal mortality at 150 per 100,000 live births, although it should be noted that estimates vary widely. High-risk pregnancies and abortion are the principal causes of maternal mortality. Only 38 cases of AIDS have been reported to date. However, the annual infection rate increased from 0.28 per million in 1987 to 2.0 per million in 1991, and it is thought that the shortage of blood-testing facilities is hiding the true extent of the problem.

17. An estimated 63 per cent of the population reside in urban areas. The urban population growth rate is 4.8 per cent annually. Over 30 per cent of the population is in Managua. Between 1980 and 1985 there was heavy migration to the Pacific region from other parts of the country as a result of the civil war. Since 1990 the repatriation of thousands of Nicaraguans and the demobilization of military troops have also caused migration toward the principal urban centres, where the expansion of slums has been significant.

18. Economic and social conditions. The country's economic situation deteriorated dramatically during the last decade owing to a combination of inappropriate economic policies, embargo, civil war, and natural disasters. As a result, Nicaragua is currently the second poorest country in Latin America with a per capita gross domestic product (GDP) of $435 (1992). An estimated 70 per cent of the population lives in poverty. Unemployment, combined with underemployment, affects 57 per cent of Nicaragua's labour force.

19. Since 1990, the new Government's principal goal has been to achieve economic stability through structural adjustment. However, owing to a political climate unfavourable for investment, unresolved property disputes, and two natural disasters, the economy has shown no signs of revitalization. The balance-of-payments account has sharply deteriorated in spite of the significant increase in donations and concessional loans from outside the country. In order to reduce the negative social impact of the structural adjustment measures, a programme of rehabilitation in the social sector is being implemented, including interventions in education, health, housing, and employment sectors.

20. Despite the efforts of the Government, social conditions in Nicaragua are still very difficult. In 1992, 21 per cent of school-age children were not enrolled in school, and more than 40 per cent of classrooms were considered to be inadequate. The illiteracy rate is 28 per cent among both men and women. In formal education, the enrolment of females exceeds that of males. However, such progress is not evident in the labour sector, where women play a secondary role to men and usually receive less pay for the same work.

21. There is limited access to health services, especially in the rural areas. Approximately 40 per cent of all births, and 60 per cent of births in rural areas, are not attended by a health worker. Only 31 per cent of women receive post-partum care while around 70 per cent receive prenatal care. The Government is establishing decentralized health service systems as a strategy to improve the quality of care and increase coverage of health services and to promote community participation. However, the health system infrastructure is weak and under-equipped, the logistics for distributing medicines problematic, and the number of personnel insufficient to meet the demand for services.

22. Government position on population. Even though the Government has not adopted an explicit population policy, the impact of demographic variables on development has increasingly been taken into account in economic and social planning and programming. While no explicit quantitative goals have been set, the aim is to reduce fertility and maternal mortality by strengthening the health system, increasing the availability of family planning services, and formulating education programmes to support these activities.

23. The Social Security and Welfare Institute has proposed to give priority consideration to pregnant adolescents, and the Ministry of Education has assumed a leadership role in reducing adolescent pregnancies through the implementation of an integrated sex education programme aimed at encouraging adolescents to postpone sexual activity.

/...

24. Given the critical social needs, the Government has given special priority to strengthening its social programmes for the period 1993-1995. To this end, the Ministry of Social Action was created in 1993 to assure coherency in social activities and see that such activities are consistent with economic policies. One of the principal tasks of this new Ministry is to formulate a National Social Development Policy that includes a special chapter on population policy. Under the coordination of the Ministry of Social Action, a Cabinet of Social Area Ministries was established that includes the Ministry of Health, the Ministry of Education, the Ministry of Labour, the Ministry of Finance, the Social Security and Welfare Institute, and the National Institute of Sports. Since May 1993, the Social Cabinet has had a mandate to formulate a population policy and then to coordinate sectoral plans and programmes to implement that policy. A Technical Inter-Ministerial Commission on Population and a Population Secretariat were also established, under Ministry of Social Action coordination, to prepare and support all activities undertaken by the Social Cabinet.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

25. UNFPA's assistance to Nicaragua started in the mid-1970s with support for socio-demographic data collection. In 1980, the Governing Council approved the first comprehensive population programme for Nicaragua in the amount of $4 million for the period 1980-1983. Only $2.1 million was spent as a result of security problems that prevented the implementation of the population census planned for 1982.

26. In 1985 the Governing Council approved a programme of $6 million, including $4.8 million from multi-bilateral sources for MCH/FP. In 1988, a new programme was approved for 1989-1992 in the amount of $12.2 million, including $4.3 million in multi-bilateral funds for MCH/FP and $2 million for basic data collection.

27. The programmes were affected by extremely difficult circumstances: the civil war, economic embargo, lack of administrative experience, and the high level of political polarization contributed to an extraordinarily high rotation of personnel, a scarcity of economic resources for social programmes, and the lack of adequate planning. Moreover, UNFPA's representation in the field was too limited to deal with all the problems that occurred during programme implementation.

Maternal and child health and family planning

28. In the 1970s, family planning services in Nicaragua were provided by a single private institution. After 1980, the Ministry of Health, with UNFPA support, gradually integrated family planning into the services of its 700 health units. UNFPA assistance was complemented by multi-bilateral resources from Norway, Finland, and Italy. Between 1980 and 1991 UNFPA was the sole source for contraceptives and medical supplies for family planning, including for the various NGOs that incorporated family planning activities into their services.

29. In the 1980s, MCH activities were promoted at the expense of family planning. As a consequence, project resources were diverted away from family planning; training in family planning was neglected; and efforts to increase the demand for family planning services or to focus such services on priority areas and groups were non-existent.

Information, education, and communication

30. The Ministry of Education has been the principal channel for UNFPA assistance in information, education and communication (IEC) activities for population programmes. This assistance helped the Ministry to incorporate population education into the curricula of primary and secondary schools; train teachers; organize educational activities for parents; elaborate teaching materials; and disseminate radio messages on population themes. These activities were carried out by a small national team with the technical assistance of UNESCO. Owing to the small number of personnel, the training was limited both in terms of content of training and number of teachers trained.

/...

31. In the non-formal education sector, a youth organization implemented sex education activities with UNFPA assistance. A National Commission on Sex Education was established, and such non-formal IEC activities as television and radio programmes, newspaper articles and workshops for adolescents were implemented successfully.

32. In 1990, the new Government decided to review all study programmes with revised orientations regarding population issues. Textbooks and teaching guides were also voided, and a new effort to revise the curriculum and to produce educational materials was initiated. This new orientation is also reflected in certain of the mass media, particularly in the country's newspapers.

Data collection and analysis

33. The last population census in Nicaragua was taken in 1971, but a large part of the information was lost in the earthquake that destroyed Managua in 1972. The political situation in the country impeded carrying out the population and housing census planned for 1982. In order to overcome the lack of information, UNFPA, with technical assistance from the United Nations, supported the National Institute of Statistics in carrying out the 1985 National Socio-Demographic Survey. There were considerable delays in the analysis of the information and publication of most of the studies because of weaknesses in project management, insufficient technical assistance, and lack of qualified personnel.

34. As part of national reconstruction activities, UNFPA is presently supporting, with the International Organization for Migration (IOM) as executing agency, the development of an information system on displaced populations and the populations most in need. This system will cover all municipalities in the country and is designed to serve as a planning instrument in the administrative decentralization process currently being promoted by the Government.

Population policy formulation

35. With the technical assistance of the Regional Employment Programme for Latin America and the Caribbean (PREALC), UNFPA supported the Secretariat of Planning and Budget in promoting the use of demographic variables in general, sectoral and regional planning. Project implementation suffered from lack of data and political support. The executing agency was mostly concerned about the employment aspects of population growth; as a consequence, awareness of the relationships between population and development was not promoted significantly. In 1991 the Secretariat of Planning and Budget was eliminated as part of the new Government's reorganization of the administrative structure.

Other external assistance

36. During the 1980s, Nicaragua received considerable international assistance from bilateral cooperation, the United Nations system and international banks. In the social sector, health and education were the main areas of focus. The Ministry of Health established 19 decentralized health service systems with financial support from the World Bank, UNICEF, USAID and the Governments of Sweden, Italy and the Netherlands. The programme included provision of primary health care, training in local management, development of human resources, reform of the procurement systems for medical supplies, and support for an information, supervision and monitoring system.

37. During the 1980s, the International Planned Parenthood Federation (IPPF) provided limited assistance for family planning activities through PROFAMILIA. USAID reinitiated its assistance to Nicaragua in June 1990, and during 1991 it provided small quantities of contraceptives to the Ministry of Health and PROFAMILIA. In 1992, it increased its assistance to the Ministry of Health and provided 1.2 million condoms and 486,000 cycles of oral contraceptives. It also supported the 1992 Family Health Survey. Currently, USAID is carrying out a five-year, $5 million family planning project with PROFAMILIA that covers operating and personnel costs, technical assistance, provision of contraceptives and medical supplies,

expansion of the community distribution system, and the development of a strategy for alternative systems for delivery of family planning services.

38. USAID is also preparing a bilateral project to support the Ministry of Health's child survival and family planning activities with approximately $20 million over a period of five years. The project will include assistance to implement the maternal and infant immunization programme, help control diarrhoeal diseases and acute respiratory infections, and provide family planning services. The International Development Bank is supporting human resources development, and is also financing a few programmes designed to improve hospital administration and to help renovate the physical infrastructure of some hospitals.

39. UNICEF cooperates with the Ministry of Health in supporting activities related to immunization, control of diarrhoeal and respiratory diseases, and the promotion of breastfeeding and nutrition. Activities related to the prevention of maternal mortality and the anti-tetanus vaccination of pregnant women have been coordinated with UNFPA-supported activities. It has also collaborated in revising curricula to incorporate family life and gender-related themes and promoted an adult literacy programme, with special emphasis on young women.

40. The Swedish International Development Authority (SIDA) is assisting the Ministry of Health in implementing Safe Motherhood activities and in developing community-based projects in reproductive health. The Norwegian Agency for International Development (NORAD) is supporting national NGOs and the Ministry of Health in working to improve conditions for women. The Finnish International Development Agency (FINNIDA) is supporting a Pan-American Health Organization project focusing on women, health, and development. The Danish International Development Agency (DANIDA) is supporting efforts to restructure the system of distribution for medicines as well as projects to improve conditions for women. Germany has supported family planning activities, including sex education, in a hospital in Managua.

IV. PROPOSED PROGRAMME 1994-1996

41. UNFPA's proposed programme for the period 1994-1996 takes into a consideration the strategies proposed by the PRSD mission carried out in November of 1992 as well as developments in the country after the mission was completed. The beginning of the programme will coincide with the formulation and execution of a national social development plan. In order to harmonize programming cycles, the UNFPA programme will conclude at the same time as the UNDP, UNICEF and World Food Programme (WFP) programmes which cover the period 1992-1996. The Fund will take care to ensure that the activities developed under this programme are closely coordinated with those of other agencies. The recently started preparation of the Country Strategy Note will serve as a mechanism that will facilitate this aim.

42. The immediate objectives of the programme are to contribute to: (a) improved quality and extended coverage of reproductive health and family planning services; (b) changes in knowledge, attitudes, values, and practices that will encourage responsible parenthood and a decrease in fertility rates, especially among adolescents; (c) formulation and implementation of an integrated population policy; (d) increased awareness of population concerns among social, political and community leaders and among women's organizations; (e) improved and updated demographic information for development programming, giving due consideration to gender issues; and (f) increased participation of community organizations, particularly women's organizations, in implementing population education activities and providing reproductive and family planning services.

43. Programme activities would focus on the needs of the most vulnerable populations, especially women in rural areas, since this sector of the population suffers the most from poverty and has the lowest levels of education and the least access to social services. The programme would also give special consideration to youth, both in urban and rural areas.

44. The programme would place special emphasis on the development of institutional capacities by training staff in pertinent areas. National execution would be encouraged, including that by national NGOs. The programme would also promote decentralization in the implementation of activities and stress, inter alia, community participation, in particular of women's organizations in all phases of programme activities; quality of technical assistance; the absorptive capacity of national counterpart institutions; monitoring and evaluation mechanisms; and greater coordination with other donors.

45. All projects in the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

Maternal and child health and family planning

46. In the area of MCH/FP, the programme seeks to improve the quality of care, increase the demand for reproductive health and family planning services, and extend the coverage of family planning services by 10 per cent during its three-year period.

47. Considering the present low quality of reproductive health services, especially in rural areas, the programme would focus on providing various types of training for personnel involved in MCH/FP activities. This would include: (a) in-service training for physicians, nurses, and auxiliary nurses to equip them to provide family planning information and counselling that take gender concerns into account; (b) basic training in reproductive health and family planning for medical and nursing students that pays close attention to the sociocultural and psycho-social aspects of family planning; and (c) training for health workers/community volunteers, the majority of whom are women, to enable them to integrate IEC components dealing with reproductive health and family planning into their promotional activities, to distribute barrier and hormonal contraceptives, to provide counselling in HIV/AIDS prevention and to make referrals to health centres.

48. Since an important women's organizational network already exists, especially at the grass-roots level, the programme would promote systematic cooperation between these organizations and the Ministry of Health's health centres and posts in the areas of training, referral and follow-up on family planning users. UNFPA would also support sociocultural research on current and potential family planning users in order to increase the acceptability and quality of family planning services and to promote wider community participation.

49. Given the economic crisis in the country, UNFPA would contribute to ensuring the adequate provision of family planning methods, taking into account the demand that will be created by the proposed IEC activities. The demand for the period 1994-1996 is estimated as follows: 1.65 million cycles of oral contraceptives for the public sector and 2.28 million cycles for the private sector; 30,000 IUDs for the public sector and 12,000 IUDs for the private sector; 2.6 million condoms for the public sector and 5.4 million for the private sector; and 8,600 female sterilizations to be provided by the public sector and 2,300 by the private sector. The total cost of condoms, oral contraceptives and IUDs for the period 1994-1996 is estimated to be approximately $1.5 million, taking into account that at least 50 per cent of the 1994 supplies are already in stock. UNFPA proposes to undertake a study with other donors, especially USAID and the World Bank, on how to meet this demand and will provide a portion of the contraceptives needed. The programme would also seek to ensure the availability of a broader variety of contraceptives, including the introduction of new methods such as Norplant and male sterilization.

50. UNFPA will participate in the coordination mechanisms that are being established by the Ministry of Health to strengthen the reproductive health and family planning activities carried out by the decentralized

health service systems. The Fund will have a fundamental role in generating demand for family planning services. In addition, the programme would support family planning activities within the framework of projects funded by UNICEF to help prevent maternal mortality, and by WFP to provide food for work and to establish child care centres. Moreover, the programme would seek to include population information in the human resource development activity that the IDB is supporting.

51. UNFPA proposes to provide $2.3 million for activities in the area of MCH/FP, of which $1.5 million would be funded from the regular resources of UNFPA. Of this $1.5 million, approximately $70,000 would be earmarked to cover the cost of national programme support staff to assist in developing and monitoring activities in this area and to support capacity building for national execution and donor coordination. Of the remaining amount, it is estimated that 25 per cent would be used to provide contraceptives; 30 per cent for activities with community and women's organizations; 40 per cent for education and training; and 5 per cent for sociocultural research.

Information, education, and communication

52. UNFPA proposes to provide $500,000 to this sector in order to increase awareness among opinion leaders, government officials, political leaders and community agents about population issues and their impact on development and the quality of life of the country's inhabitants. The programme would also provide training in population issues to social communicators and stress the integral role of a national population policy in a strategy for sustainable development. Aside from special events such as seminars, lectures, and workshops, the media would be utilized for public information activities, taking into account that newspapers have a good coverage in urban centres and that radio reaches a wide audience in both urban and rural areas. Approximately $60,000 would be earmarked for hiring national programme support staff to assist in awareness creation activities.

53. The programme seeks to ensure that all educational levels, in particular the primary level, not only allow students to acquire knowledge about family life but also promote changes in values and attitudes in relation to gender, sexuality, reproductive behaviour, and HIV/AIDS prevention. Such activities are crucial to creating awareness of reproductive behaviour and responsible parenthood. The programme would also provide assistance to incorporate and strengthen population contents in the school curricula, produce teaching materials, provide in-service training for primary and secondary school teachers and incorporate population education in study programmes at the university level.

54. The programme would also make use of non-formal channels (community workers, rural women's organizations, etc.) to reach youth and adolescents, particularly females in rural areas, who prematurely left or never attended school. A related activity would be to design special information components on reproductive health and family planning, AIDS prevention, responsible parenthood and gender issues that can be used in rural development projects supported by other donors.

55. UNFPA would pay special attention to coordinating its activities with those of agencies and organizations carrying out information programmes to promote social development, in particular with UNICEF in promoting the rights of children and women, in carrying out literacy campaigns, and in implementing family life education activities. The Fund would also ensure coordination with the Government of the Netherlands and with USAID in the area of curriculum design and teacher training and with FAO and IFAD in relation to rural development communication projects.

Data collection and analysis

56. In this area, the programme would promote greater availability of socio-demographic data and information for use in the formulation of development policies, programmes and projects of public and private sectors. Considering that the only demographic data collection activity carried out in the last 20 years was the national socio-demographic survey of 1985, the programme would concentrate the bulk of its support in this

/...

sector on the population census, which is planned for 1994. UNFPA would provide assistance to train staff of the National Institute of Statistics in such areas as data processing, manual and census instrument design, and demographic analysis. The Fund would arrange for technical assistance through its Country Support Team located in Santiago, Chile, and encourage technical cooperation among developing countries (TCDC) in the areas related to census organization, data processing and training. UNFPA would also assist the Government in seeking technical and financial assistance to develop a system of vital statistics.

57. UNFPA proposes to provide $1 million from regular resources for the population census and to seek an additional to $1 million from bilateral sources that would be channeled through the Fund. Given that a total of $3.5 million is required from external funding, UNFPA would actively cooperate with the Government in seeking additional financing of $1.5 million from such sources as the World Bank, IDB, and the Governments of Sweden, Japan and the United States. UNDP plans to provide $250,000 for census activities.

Population dynamics

58. UNFPA assistance would seek to enhance the understanding of the interrelationships between population and the development process. The programme would include assistance to the National University of Nicaragua to support its activities in developing study programmes that create awareness of population issues, including population dynamics, development and environment, and migration and urbanization. Special consideration would be given to the situation of women in these activities. The programme would also support the University in sociocultural and action-oriented research on selected topics, such as population and environment and adolescent pregnancies.

59. To support these efforts, the programme would promote an exchange of information and bibliographic resources between the University and academic institutions in other countries. Research in the area of adolescent pregnancy would be carried out in close collaboration with the activities promoted by UNICEF in the fields of youth, maternal health, and women in development. In addition, it is anticipated that the programme would coordinate efforts with USAID and PROFAMILIA in developing a computer model for Nicaragua to help highlight the relationship between population and development.

60. UNFPA would provide a total of $250,000 for population and development activities, of which $150,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

61. The programme would support government efforts to formulate a population policy and establish an adequate institutional base to design and implement that policy. The need for such a policy has been recently supported by several ministries and institutions including the Ministry of Health, the National Women's Institute, the Ministry of Social Welfare, the Ministry of Social Action, the Ministry of the Economy, and the Ministry of Finance. The proposed programme would support the National Population Commission, created by the Cabinet of Social Area Ministers, to ensure that demographic factors are included in social and economic policies and programmes and to formulate a population policy.

62. In order to obtain strong popular and political support for a national population policy, the programme would support IEC activities designed to improve people's understanding of the interrelationships between population dynamics, social and economic development, and the environment. In this area, the programme anticipates a close collaboration with the National University of Nicaragua, USAID and PROFAMILIA both in making use of the available human and technical resources and computer software and in disseminating the knowledge that is gained. The proposed programme includes $100,000 from UNFPA regular resources to support these activities.

/...

Women, population and development

63. The proposed programme would contribute to strengthening the role of women in Nicaraguan society by increasing the participation of women in developing programme activities and by including gender considerations in all population activities. The activities would be especially targeted to improving the situation of women in rural and marginal urban areas. UNFPA would assist in strengthening the technical capacity of government institutions that deal with women's issues. It would also promote the incorporation of reproductive health and family planning in the agendas of women's NGOs, and a closer coordination among them. It would support collection and analysis of demographic information disaggregated by gender in order to enhance the understanding of the situation of women.

64. The programme would complement UNICEF's efforts to enhance the institutional capacity of the Nicaraguan Women's Institute, as well as its assistance to the Women's Consultative Committee, created by the Presidency of the Republic. The programme would also coordinate efforts with the FAO rural women's project by incorporating family planning in the training of female farmer leaders and in the training components of its reforestation and communication programmes.

65. UNFPA would provide $250,000 for activities in the area of women, population and development, of which $150,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

66. The amount of $100,000 from UNFPA regular resources would be held in reserve to cover unforeseen activities that may be developed during the course of the programme.

Programme coordination

67. The proposed programme activities would be coordinated by the Ministry of External Cooperation on behalf of the Government. The National Population Commission established by the Cabinet of Social Area Ministries, under the secretariat of the Ministry of Social Action, would seek to strengthen coordination and follow-up mechanisms. Additionally, periodic meetings of the representatives of population projects would be held to promote an exchange of experiences and to provide appropriate coordination. As noted by the Government during the PRSD exercise, UNFPA would take the lead role in coordinating donor assistance in the population field, assisting the Government through continued contact with other external cooperation organizations, especially with the members of the Joint Consultative Group on Policy (JCGP) and the international and regional development banks.

Financial summary

68. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $5.5 million over the three-year period 1994-1996, of which $3.4 million would be programmed from UNFPA's regular resources. The table below shows how the programme would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	TOTAL $
Maternal and child health and family planning	1,500,000	800,000	2,300,000
Information, education, and communication	500,000	-	500,000
Data collection and analysis	1,000,000	1,000,000	2,000,000
Population dynamics	100,000	150,000	250,000
Population policy formulation	100,000	-	100,000
Women, population and development	100,000	150,000	250,000
Programme reserve	100,000	-	100,000
Total	3,400,000	2,100,000	5,500,000

IV. RECOMMENDATION

69. The Executive Director recommends that the Executive Board approve the programme for Nicaragua as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.
